PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

95 99 QR

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AMEND AND FILED

99 MAR 22 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 266572 (7)

1. Corporation Name

GLOBAL CONTACT LENS, INC.

Principal Place of Business	Mailing Address
3930 N. W. 24th. Street Miami, Florida 33142	3930 N.W. 24th.Street Miami, Florida 33142

000002819110--4
-03/26/99--01004--027
****865.00 ****865.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida
01/29/1963

5. FEI Number
59-1002404
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
T/S	DAVID A. GRAVES	3701 Park Avenue	Miami, Florida 33133
V	JOHN SMOKE, JR.	2261 Lakes of Belvourne	Melbourne, Florida
P	ERNEST A. CANCIO	320 S.Royal Poinciana	Miami Springs,Fl.33166

3/22

8. Name and Address of Current Registered Agent

DAVID A. GRAVES
3701 Park Avenue
Miami, Florida 33133

9. Name and Address of New Registered Agent

Name
ERNESTO A. CANCIO
Street Address (P.O. Box Number is Not Acceptable)
3930 N.W. 24th. Street
Suite, Apt. #, Etc.
City Miami | State FL | Zip Code 33142

10. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #