

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 22 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 445764

1. Corporation Name

Sunshine Opticians, Inc.

2. Principal Office Address

3585 NE 207 Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 3C

Suite, Apt. #, etc.

City & State

Aventura

City & State

Zip

33180

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/27/1974

5. FEI Number

59-1521154

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David J. Hart, Esq.

Street Address (P.O. Box Number is Not Acceptable)

21 SE 1 Avenue

Suite, Apt. #, Etc.

10th Floor

City

Miami

State
FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

David J. Hart

REGISTERED AGENT MUST SIGN

Date 11/15/2002

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, D	Moises Hoires	3585 NE 207 Street, Suite 3C	Aventura, FL 33180
V, D	Jonathan Hoires	3585 NE 207 Street, Suite 3C	Aventura, FL 33180
D, S, T	Elias Sultan	3585 NE 207 Street, Suite 3C	Aventura, FL 33180

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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

Moises Hoires
MOISES HOIRES

11/15/2002 305-933-2673

Date

Daytime Phone #

CR2E081 (8/01)

gt 4/26