

H030002212105

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 26 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 842611

1. Corporation Name

COHEN FASHION OPTICAL, INC.

2. Principal Office Address

100 QUENTIN ROOSEVELT

3. Mailing Office Address

BLVD. (SAME AS 2)

Suite, Apt. #, etc.

400

Suite, Apt. #, etc.

City & State

GARDEN CITY, NY

City & State

Zip
11530

Country
USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

2-15-79

5. FEI Number

13-2954829

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

30.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
4435 OLD WINTER GARDEN ROAD

Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32811

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0601 or 617.0608, F.S.

Signature of Registered Agent

J. M. / ASST SECT.
JOSE M. S. / ASST SECT.

Date
6-24-03

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	ROBERT COHEN	100 QUENTIN ROOSEVELT BLVD	Garden City, NY 11530
VP	ALAN COHEN	100 QUENTIN ROOSEVELT BLVD	Garden City, NY 11530

REINSTATEMENT

97-378

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)(f), 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:

Robert Cohen
SIGNATURE AND PRINTED NAME OF SHARED REGISTERED AGENT

6/26/03 516-465-6952
Date Daytime Phone #

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

CORPORATION REINSTATEMENT

COHEN FASHION OPTICAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,650.00