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2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 24 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F57183

1. Entity Name
COHEN FASHION OPTICAL OF DADELAND, INC.

Principal Place of Business	Mailing Address
100 QUENTLN ROOSEVELT BLVD SUITE 400 GARDEN CITY, NY 11530 US	100 QUENTLN ROOSEVELT BLVD SUITE 400 GARDEN CITY, NY 11530 US

10212005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 11-2590168 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32811

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Jose Mojica, Asst. Sec'y. 10-21-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COHEN, ROBERT 100 QUENTLH ROOSEVELT BLVD ST400 GARDEN CITY, NY 11530 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COHEN, ALAN 100 QUENTLH ROOSEVELT BLVD ST400 GARDEN CITY, NY 11530 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200060922072 10/25/05--01056--005 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PRESIDENT 10/20/05 516 465 6952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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COHEN FASHION OPTICAL OF DADELAND, INC.
100 Quentin Roosevelt Blvd., Suite 400
Garden City, NY 11530
(516) 465-6954
Fax: (516) 465-6920

October 21, 2005

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Cohen Fashion Optical of Dadeland, Inc.
Document No.: F57183

Ladies and Gentlemen:

Enclosed please find check number 364, in the amount of $150.00, which amount represents the reinstatement fee for the above referenced corporation.

Please be advised that the Notice of Dissolution or Revocation was the first notice we received for the above referenced corporation, and would like to request the reinstatement fee to waived.

Thank you for your consideration in this matter.

Very truly yours,

Robyn Boyajian

Robyn Boyajian, Legal Assistant

Enclosure