PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB -6 AM 11:59

03/15/06 90114 009 18825
400117247924
02/06/08--01013--021 **750.00
04/02/07 90076 006 150.00

CR2E081 (12/07)

DOCUMENT # F95000003449

1. Corporation Name

ESCHENBACH OPTIK OF AMERICA, INC.

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
904 ETHAN ALLEN HIGHWAY		904 ETHAN ALLEN HIGHWAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
RIDGEFIELD, CT		RIDGEFIELD, CT	
Zip	Country	Zip	Country
06877	USA	06877	USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/18/1995

5. FEI Number: 06-1093149 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: ROBERT SCANNELL

Street Address (P.O. Box Number is Not Acceptable): 12925 TAR FLOWER DRIVE

Suite, Apt. #, Etc.:

City	State	Zip Code
TAMPA	FL	33626

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Robert Scannell — Date: 1/30/2008

REGISTERED AGENT MUST SIGN

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	KENNETH BRADLEY	904 ETHAN ALLEN HIGHWAY	RIDGEFIELD, CT 06877
T/S	CHARLES C. KEITH	17 COUNTRY WAY	BETHEL, CT 06801
		B 2/7/08	
		REINSTATEMENT 06-08	

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 contained in Chapter 119, 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: Charles C Keith — 1/30/08 — (203) 438-7471

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