

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 15 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K29180

1. Corporation Name

MR. I'S OPTICAL CO. OF SOUTH MIAMI, INC.

2. Principal Office Address

5817 SUNSET DR.

3. Mailing Office Address

5825 SUNSET DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 309

City & State

SOUTH MIAMI, FL

City & State

SOUTH MIAMI, FL

Zip

33143

Country

USA

Zip

33413

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/1988

5. FEI Number

65-0066754

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

600016062626
04/15/03--01024--028 **150.00
REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

MJF RESIDENT AGENT CORP.

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

153 SEVILLA AVE

Suite, Apt. #, Etc.

City

CORAL GABLES

State
FL

Zip Code
33134

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

4/10/03

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
DP	BEINER, EDWARD W.	10020 SW 70 AVE	MIAMI, FL 33156

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:

EDWARD W. BEINER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-7-03

305-666-8731

Daytime Phone #

CR2E081 (10/02)

21 4/16