

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K70853

FILED  
Oct 21, 2005  
Secretary of State

**Entity Name:** COHEN'S FASHION OPTICAL OF WESTLAND, INC.

**Current Principal Place of Business:**

100 QUENTIN ROOSEVELT BLVD  
SUITE 400  
GARDEN CITY, NY 11530 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 QUENTIN ROOSEVELT BLVD  
SUITE 400  
GARDEN CITY, NY 11530 US

**New Mailing Address:**

**FEI Number:** 11-3007164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: JOSE MOJICA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COHEN, ROBERT  
Address: 100 QUENTIN ROOSEVELT BLVD STE 400  
City-St-Zip: GARDEN CITY, NY 11530

Title: S ( ) Delete  
Name: COHEN, ALAN  
Address: 100 QUENTIN ROOSEVELT BLVD STE 400  
City-St-Zip: GARDEN CITY, NY 11530

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT COHEN

P

10/21/2005

Electronic Signature of Signing Officer or Director

Date