PLEASE READ A	TRINI LIA	RUCTIONS	BEFORE C	··· COMPLETI	NG THIS FORM
APPLICATIONS FORON REINSTATEMENT	FLORIDA DEPARTMENT Sandra B. Mortha Secretary of State DIVISION OF CORPORATIONS  SERVICION OF CORPORAT		NT OF STATE tham State		FILED
DOCUMENT # K96406				98 APR 29 AM 9: 26	
1. Corporation Name WINDOW OF THE EYE PUBLISHING, INC.				SEGRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address 439 South Tamiami Trail No. 204 Venice, Florida 34285					
If above addresses are incorrect in any way, line through incorrect information at 2. New Principal Office Address, If Applicable 3. New Mailing Office A			Applicable 4. Date Incorporated or Qualified		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			June 19, 1989	
City & State	City & State			65-0130903 Not Applicable	
Zip Country	Zip	Country	ý	6. CERTIFICATE	S8.75 Additional Fee required for a Certificate of Status
			eet Address of Each licer and/or Director se Post Office Box N	1	City/State/Zip  4  Venice, Florida 34285
V.P., S. D NEAL OBENDORF		850 Guild Drive			Venice, Florida 34285
			RE		TEMENT 4/9/98  -05/06/9801094003 ***1350.00 ***1350.00
8. Name and Address of Current F	legistered Age	nt		9. Name and A	address of New Registered Agent
UNKNOWN			Name JACKIE BUTCHER OBENDORF  Street Address (P.O. Box Number is Not Acceptable)  439 South Tamiami Trail  Suite, Apt. #, Etc. No. 204  City Venice  State State Jack Code 34285		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent Date April 7, 1998  REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes 🗵 No 🔲 (See other side for information on intangible tax.)					
12. 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 filling 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: SIGNATURE: SIGNATURE SIGNATURE OF					