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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -3 PM 1:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000019138

Name and Mailing Address

0012543 01 AT 0.292 **AUTO T6 0 0615 33458-577599



SUNGLASS SHACK, LLC
430 TONEY PENNA ROAD
JUPITER FL 33458-5775

MJH



2/3 2003-2004

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/02/2001	
Principal Place of Business 430 TONEY PENNA ROAD JUPITER FL 33458	3. New Principal Place of Business Address	6. FEI Number 65-1105432	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent ROSS, TOM 430 TONEY PENNA ROAD JUPITER FL 33458	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* Date 01/27/04

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	OPTI-TINT, INC.	430 TONEY PENNA ROAD	JUPITER FL 33458
			100029074821 02/19/04--01024--004 **200.00
			REINSTATEMENT 2003-2004

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *[Signature]* Date 01/27/04 Daytime Phone # 361-745-6222

Typed or printed name of signing Managing Member/Manager _____

CR2E094 (7/03)