

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
1998 FOR AN
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



APPROVED
AND
FILED

1998 DEC -3 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L33664

1. Corporation Name

ELITE OPTICAL, INC.

Principal Place of Business

2020 NE 163RD ST.
SUITE 107
N. MIAMI BEACH FL 33162
US

Mailing Address

2020 NE 163RD ST.
SUITE 107
N. MIAMI BEACH FL 33162
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/28/1989

5. FEI Number

65-0163823

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	AZERRAF, PROSPER	2020 NE 163RD STREET	N. MIAMI FL

600002706976--2
-12/09/98--01032--016
****150.00 ****150.00

SCC 12-3-98

8. Name and Address of Current Registered Agent

AZERRAF, PROSPER
2020 NE 163RD ST.
SUITE 107
N. MIAMI BEACH FL 33162

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)

• Phones 947-9877 or 947-9892

VICTOR REINER ASSOCIATES, INC.
1944 N.E. 163RD STREET
NO. MIAMI BEACH, FLA. 33162

ACCOUNTING
BOOKKEEPING
BUSINESS ADVISOR
TAX RETURNS

PERSONALIZED ATTENTION

VICTOR REINER

MEMBER FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

11/30/98

TO WHOM IT MAY CONCERN:

ALACE MY CONVERSATION WITH SHAWN 11/30/98, PLEASE BE ADVISED WE NEVER RECEIVED THE 1998 ANNUAL REPORT PACKET DUE MAY 1ST 1998 \$50.00 NOR THE PART DUE PACKET FILING \$50.00. CONSEQUENTLY WE RESPECTFULLY REQUEST WAIVER OF PENALTY AND ENCLOSE OUR CHECK FOR \$150, ALONG WITH APPLICATION FOR REINSTATEMENT.

WE WILL CERTAINLY BE ALERT TO NEXT YEARS MAY 1ST FILING DEADLINE RECEIPT OF NOTICE OR NOT
THANK YOU

CORDIALLY

