PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 25 PM 4:03

DOCUMENT # ~~P01000~~ M73340

1. Corporation Name
F. Sabates Optical Services

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
1199 W. Flagler St	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Florida
Zip: 33130 Country: U.S.A	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0062115 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Manty Sabates

Street Address (P.O. Box Number is Not Acceptable): 1246 S W 15th Terrace

Suite, Apt. #, Etc.: Mi

City: Miami, State: FL Zip Code: 33145

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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: Manty Sabates REGISTERED AGENT MUST SIGN Date: 10-21-01

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P. VP.	Feliciano Sabates	1199 W Flagler St	Miami, Fla 33130
S-T	Manty Sabates	1246 S W. 15th Terr	Miami, Fla. 33145

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: Sabates Feliciano Sabates 10-21-01 - 305-324-1224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #