

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 17 PM 2:17

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M85978

1. Corporation Name

PENN OPTICAL CORP.

REINSTATEMENT 05-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
18999 Biscayne Blvd.

3. Mailing Office Address
555 S.W. 12th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 101

City & State
No. Miami Beach, FL

City & State
Pompano Beach, FL

Zip
33180

Country
USA

Zip
33069

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **06/17/1988**

5. FEI Number
650056887

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Bruce J. Goldman, Esquire

Street Address (P.O. Box Number is Not Acceptable)
2655 Le Jeune Road

Suite, Apt. #, Etc.
Suite 816

City
Coral Gables

State Zip Code
FL 33134

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **5/16/07**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Mark S. Jaffe	1821 W. 22nd Street	Miami Beach, FL 33140
VP/S	NORMAN WEINER	18999 Biscayne Blvd.	No. Miami Bch. Fl 33180

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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 contained in Chapter 119, 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:

Mark S. Jaffe, President

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/07

Date

954-933-0421

Daytime Phone #