2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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1. Entity Name MARCO EYELAND ERADICATE AMBLYOPIA FOUNDATION, INC.							L30 At		
Principal Place of Business 247 NORTH COLLIER DEVD STE 202 MARGO ISLAND, FL 34145 MARGO ISLAND, FL 34145					REI	NSTA	ARY OF	ME	NT 03-67
	lace of Business - No P.O. Box #	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·						
975 6TH AVE. 975 6			14 AVE			i aları dasil dalih agiri	: BO() BD((8 18418 1	1811 18515 1181	181 81 1881
Suite, Apt.		Suite, Apt. #, etc.				EIN-NP	CR2E099	` '	
	PLES, FLORIDA	City & State NAPLES		AC	4. FEI Number 03-055123	30		No	olied For Applicable
翌中	102 COLLIER	Zip 34102	Country COLLI	ER	5. Certificate of S	Status Desired		.75 Add Required	
	6. Name and Address of Current F	Registered Agent			7. Name and Ad	dress of New Re	egistered Age	nt	
MORRIS, N 247 NORT MARCO IS	Street Address (P.O. Box Number is Not Acceptable) The Address (P.O. Box Number is Not Acceptable) The Address (P.O. Box Number is Not Acceptable)								
			City	wp	1105		FL	Zip Code	٠,
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept									
the obligations of registered agent. SIGNATURE X Danie M. Kuelite 7-13-07									
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signati	tura require	ed when reinstating)		DATE		
FILE NOWIII FEE IS \$297.50				Make check payable to Florida Department of State					
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10.	OFFICERS AND DIR	ECTORS	11.	Α	DDITIONS/CHANC				10
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	D KLEIN, RACHAEL			PRE	SIDENT	SES TO OFFICER	RS AND DIREC	CTORS IN	10
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