


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000009272		
1. Entity Name MARCO EYELAND ERADICATE AMBLYOPIA FOUNDATION, INC.		

Principal Place of Business 247 NORTH COLLIER BLVD STE 202 MARCO ISLAND, FL 34145 975	Mailing Address 247 NORTH COLLIER BLVD STE 202 MARCO ISLAND, FL 34145
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2. Principal Place of Business - No P.O. Box # 975 6TH AVE.	3. Mailing Address 975 6TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES, FLORIDA	City & State NAPLES, FLORIDA
Zip 34102	Country COLLIER

6. Name and Address of Current Registered Agent MORRIS, WILLIAM G 247 NORTH COLLIER BLVD STE 202 MARCO ISLAND, FL 34145		7. Name and Address of New Registered Agent Name: <u>Dominic Kruehler, esq.</u> Street Address (P.O. Box Number is Not Acceptable): <u>975 6th Ave. So. Ste 200</u> City: <u>Naples</u> FL Zip Code: <u>34102</u>	
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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 Domin m. Kruehler DATE: 7-13-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, RACHAEL 174 S COLLIER BLVD MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KLEIN, RACHAEL 174 S. COLLIER BLVD MARCO ISLAND, FL 34145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, SALLIE 350 SEVENTH ST N NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DR. BRIGID B OGDEN 877 11th AVE. N. UNIT 2 NAPLES, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, STEPHEN 311 9TH ST N NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DR. BONNIE EADS 60 10th Street N. NAPLES, FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KLEIN, RACHAEL 174 S. COLLIER BLVD MARCO ISLAND, FL 34145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 400106920404 07/30/07--01054--006 **306.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rachael Klein DATE: 7/13/07 (239) 775-8962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
2007 JUL 30 AM 9:50
SECRETARY OF STATE
REINSTATEMENT
03-07



06152007 REIN-NP CR2E099 (1/07)