PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	DEPARTMENT OF STATE Secretary of State //sion of corporations	FILEC 10 JAN 26 AM	
DOCUMENT # NO6000002737 1. Corporation Name THE EYES OF HATT, INC.		SECRETARY OF STATE FALLAHASSEE, FLORIDA	
2. Principal Office Address - No P.O. Box # 3. Maiting Office Address 7424 Bob Olink Way P.O. Box Suite, Apt. #, etc. Suite, Apt. #, etc.		500167213965 01/26/1001024001 **253.75 cr2e081 (11/09)	
City & State Port 51 Lucie, FL Zip 34986 USA 26988	ST LUCIK, FL	5. FEI Number 75-3212327 6. CERTIFICATE DE STATUS DESIDED 1 \$8.75	Applied For Not Applicable Additional Fee required a Certificate of Status
7. Name and Address of Current Registered Agent Name PATRICK Valme Street Address (P.O. Box Number is Not Acceptable) 7404 006 0 Link way Suite, Apr. #, Etc. City Port Si Lucia, \$ State Zip Code FL 34986		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 femiliar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN			
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
P Patrick Valme	3424 Bob 01	nk Const	wcję da 34988
VP Benard Malette	12500 SW ISTH	////	33325
5 Farah Seneaue	121 James	TAPIS ITHACA,	02841 MM.
REINSTATEM	ENT A		
10. E-mail Address: Cyrsof HATTO O-Mail. Com			
(For be used for future annual report notification) 17. 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 filling 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 could be the corporation have been paid. If other certify the interval indicates the requirements of section 607.0401 or 617.0401, F.S., that all fees could be the corporation have been paid. If other certify the interval indicates the requirements of section 607.0401 or 617.0401, F.S., that all fees could be the corporation between the corporate paid and the corporate paid to the corpor			

made under oath-