

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
11 JUL 11 AM 10:50  
STATE  
CLERK

DOCUMENT # NO 700000685

1. Corporation Name

EYE WILL INC

2. Principal Office Address - No P.O. Box #

720 PRESERVE TER.

Suite, Apt. #, etc.

3. Mailing Office Address

720 PRESERVE TER.

Suite, Apt. #, etc.

City & State

LAKE MARY, FL

City & State

LAKE MARY, FL

Zip

32746

Country

USA

Zip

32746

Country

USA

**REINSTATEMENT**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

1/19/2007

5. FEI Number

522393926

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MIREILLE MORRITT MRS

Street Address (P.O. Box Number is Not Acceptable)

720 PRESERVE TER.

Suite, Apt. #, Etc.

City

LAKE MARY

State

FL

Zip Code

32746

200209429732  
06/28/11--01024--003 \*\*306.25

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

*M. Morrith*

REGISTERED AGENT MUST SIGN

Date 23 June 2011

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
DP	DAVINA MORRITT	"THE MORITZ" POPLAR CLOSE	HATCH END, MIDDX HAS 3PZ ENGLAND
DV	NGUYEN THI DIEU VAN	PHU THUONG COMMUNE	PHU VAN DISTRICT HUE, VIETNAM
DTS	JOHN NEGRI	230 W. GROSSEN BACHER DRIVE	APOPKA, FL 32712

10. E-mail Address: mimimoo123@yahoo.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*M. Morrith*

23 June 2011

2/11/2