REINSTATEMENT

ARTICLES AND FILED

192

FOR PROFIT CORPORATION
~~UNIFORM BUSINESS REPORT (UBR)~~

06 JUL 17 AM 11:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000005380

1. Entity Name

Bahamonde Eye Instruments, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 05-06 SK

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7570 NW 14TH St.	
Suite, Apt. #, etc.: Suite 112	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33126 Country: USA	Zip Country

4. FEI Number: 650987870 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Eduardo Jose Bahamonde

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

7570 NW 14TH St. Suite 112

City: Miami FL Zip Code: 33126

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: [signature] 200077765272 07/20/06--01004--017 **200.00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required where indicated) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Eduardo Jose Bahamonde
STREET ADDRESS	7570 NW 14TH ST.
CITY-ST-ZIP	Miami FL. 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR Date Daytime Phone #

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2006 or any other notice from the Division of Corporations in respect with the Corporation **BAHAMONDE EYE INSTRUMENTS, INC.**

Thank you for your courtesy in this matter.

EDUARDO BAHAMONDE
PRESIDENT