CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED.

05 MAR -7 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000035412

1. Corporation Name
All Eyes Discount Optical Inc

REINSTATEMENT 03-05
MRS

2. Principal Office Address	**3. Mailing Office Address**
12075 NW 42 ave.	12074 Miramar PKwy
Suite, Apt. #, etc. J-26	Suite, Apt. #, etc.
City & State OPAlocka FL	City & State Miramar FL
Zip 33054 Country USA	Zip 33025 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 650997434   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 Jorge A. Rossello

Street Address (P.O. Box Number is Not Acceptable) 12074 Miramar PKwy.

Suite, Apt. #, Etc.

City Miramar FL	State FL	Zip Code 33025

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 _____ Date 3/4/05

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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	Rossello, Jorge A.	12074 Miramar Pkwy	Miramar, FL 33025
		600048825146 03/22/05--01003--016 **1050.00	

10. I certify that I am an officer or director of 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 3/4/05

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