

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN -7 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300139874713
01/07/09--01028--005 **300.00
CR2E081 (12/08)

DOCUMENT # P00000036177

1. Corporation Name--

NS Eyewear, Inc.

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

6701 Southport DR.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Boynton Beh. FL

City & State

Zip

33472

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/6/00

5. FEI Number

52-2230672

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

Kenneth Gordon

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

6701 Southport DR

Suite, Apt. #, Etc.

City

Boynton Beh.

State

FL

Zip Code

33472

See reverse side

☒ 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 familiar with and accept the obligations of section 607.0505 or 617.0593, F.S.

Signature of
Registered Agent

Kenneth Gordon

Date 1/5/09

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 |
|--------|--------------------------------------|---|----------------------|
| Pres | Kenneth Gordon | 6701 Southport DR | Boynton Beh FL 33472 |
| Sec | " | " | " |
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REINSTATEMENT

RH

10. 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., 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 contained in Chapter 119, 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:

Kenneth Gordon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/09

Date

954-592-9880

Daytime Phone #