

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000071495

1. Corporation Name

the Good Eye Company

REINSTATEMENT 03

900025540889
12/16/03--01081--025 **750.00

2. Principal Office Address

919 E. Bobe St.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Zip

Country

32503

Escambia

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

August 2000

5. FEI Number

59-3660826

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875. Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

A. Catherine Fletcher

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

919 E. Bobe St.

Suite, Apt. #, etc.

City

Pensacola, FL 32503

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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

PIT/	A. Catherine Fletcher	919 E. Bobe St.	Pensacola, FL 32503
S/V			

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 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:

A. Catherine Fletcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01/03

Date

Daytime Phone #

CR2E081 (10/02)