

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 22 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000113887

1. Corporation Name

Eye4Design, Inc

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

3128 Bay Street

Suite, Apt. #, etc.

City & State

Gulf Breeze

Zip

FL 32563

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

900177070289
04/22/10--01028--016 **450.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida 12/13/2000

5. FEI Number
65-1061007

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

Michelle Long

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

3128 Bay Street

Suite, Apt. #, Etc.

City

Gulf Breeze

State

FL

Zip Code

32563

☒ 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 617.0503, F.S.

Signature of
Registered Agent

Michelle M Long
REGISTERED AGENT MUST SIGN

Date 4/12/10

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	Michelle Long	3128 Bay Street	Gulf Breeze, FL 32563

OC 4/23

10. E-mail Address: Michelle@eye4design.us

(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., 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.

SIGNATURE: *Michelle M Long* Michelle Long

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/10

Date

850-916-4951

Daytime Phone #