PAGE 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION [redacted]

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG -6 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000022920 10
08/13/03--01055--029 **300.00

DOCUMENT # P01000032344

1. Corporation Name: Lucky eyes inc.

2. Principal Office Address	3. Mailing Office Address
401 Biscayne BLVD	3985 West
Suite, Apt. #, etc.: P117	Suite, Apt. #, etc.: Gardenia ave
City & State: Miami FL	City & State: Weston FL
Zip: 33 Country: USA	Zip: 33332 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03-29-01

5. FEI Number: 23-08547-39[illegible] Applied For / Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 (Amount Subject to Change) Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Susan Saatci

Street Address (P.O. Box Number is Not Acceptable): 3985 West Gardenia ave

Suite, Apt. #, Etc.:

City: Weston State: FL Zip Code: 33332

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: Susan Saatci Date: 08-04-03
REGISTERED AGENT MUST SIGN

CR2E031 (1/01)

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
Vice president	Susan Saatci		3985 W Gardenia ave	Weston FL 33332
president	Kerim Saatci		3985 W Gardenia ave	Weston FL 33332
			08-03	TS

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: Susan Saatci 08-04-03 305-984-3352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Susan Saatci Kerim Saatci 305 984-3351

08-03-03 P4W2

TO whom it may concern.

my company name

IS Lucky eyes inc, we started our buisness 2001 as a profit corporation.

We did not recieved an anoual report renewal via mail and our accountant brought to our attention to check on it status.

I am asking and requesting a waiver of lates Fees to be applied as I am trying to renew, and am enclosing a cheque for. $300 to Secretary of State

Our articles of incorporation were filed march 29 2001 document no P01000032344.

Thankyou for you time in this matter.

Susan Saatci

vice president.

Lucky eyes inc.