

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000061326

1. Corporation Name

Twinkle Eye, Inc.

2. Principal Office Address

4846 North University Drive

Suite, Apt. #, etc.

281

City & State

Lauderhill FL

Zip

33351

Country

USA

3. Mailing Office Address

David Ifrah

Suite, Apt. #, etc.

P.O. Box 24793

City & State

Phila Pa

Zip

19111

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/20/01

5. FEI Number

651114387

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

Mindy R Kraut

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

6635 West Commercial BLV.

Suite, Apt. #, Etc.

119

City

TAMARAC

State

FL

Zip Code

33319

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

Mindy R. Kraut
REGISTERED AGENT MUST SIGN

Date

11/4/03

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
PST	DAVID IFRAH	4846 UNIVERSITY DRIVE # 281 LAUDERHILL FL 33351	LAUDERHILL FL 33351

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:

David Ifrah President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/3/03

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV -5 PM 3:53

REINSTATEMENT 03

CR2E081 (10/02)

TWINKLE EYE, INC.
4846 North University Drive # 281
Lauderhill, FL 33351

Ms. Eula Peterson
Florida Department of State
Corporation Reinstatement Section

Dear Ms. Eula Peterson:

As per our conversation, I explained to you that back in February of 2003 I mailed the forms of two corporations to your office with the payments in separate envelopes, Cobra Development and Investment Inc. and Twinkle Eye Inc.

Now, I just learned that the one for Cobra Development and Investment was received, and the one for Twinkle Eye was not received, and the check did not clear the bank. My address has changed since as well, as noted on the letterhead.

Please wave any penalty and accept my payment at this time of \$150 for the reinstatement of Twinkle Eye Inc. I may be reached at my cell phone 215-681-9978 and any correspondence may be forwarded to P.O. Box 24793, Philadelphia, PA 19111.

Thank you so much for your understanding and for your prompt attention.

Sincerely yours,

David Ifrah

A handwritten signature in black ink, appearing to read 'David Ifrah', written over a horizontal line.