

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000066837**

1. Corporation Name

EXERCISE YOUR EYES, INC.

Principal Place of Business

**7681 7645 FENWICK PLACE
BOCA RATON FL 33496**

Mailing Address

**7681 7645 FENWICK PLACE
BOCA RATON FL 33496**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/2001

5. FEI Number

☒ Applied For

☐ Not Applicable

6. ☐ CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GRUMET, JACK	7645 FENWICK PLACE 7681	BOCA RATON FL 33496
D	LIBERMAN, JACOB	132 KA DRIVE	KULA HI 96790

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WORTMAN, SCOTT J ESQ.
% PINEIRO & WORTMAN, P.A.
7108 FAIRWAY DRIVE, SUITE 225
PALM BEACH GARDENS FL 33418**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/01
Date

561-302-8740
Daytime Phone #

CR2E040 (8/02)

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EXERCISE YOUR EYES INC.

**7681 Fenwick Pl
Boca Raton FL 33496
561-482-3197
561-482-3198
jgrumet@adelphia.net**

November 28, 2002

Marquitta Williams
Division of Corporations
409 E Gaines
Tallahassee, FL 32399

Dear Ms. Williams:

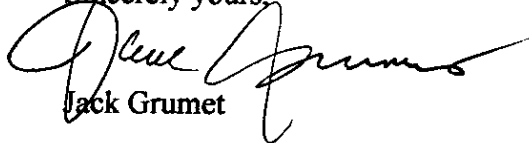
I keep trying to reach you by phone with no success.

When I call, the people that respond have told me that you would waive the penalty only with my letter of explanation that I did not receive the notice terminating our corporations right to do business. I did not receive notices of termination.

Please waive the penalty fees and reinstate our corporation.

Thank you very much.

Sincerely yours,


Jack Grumet