

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000070172

1. Corporation Name

EYESAVERS EYEWEAR, INC.

Principal Place of Business

5691 MUIRFIELD VILLAGE CIR  
LAKE WORTH FL 33463

Mailing Address

5691 MUIRFIELD VILLAGE CIR  
LAKE WORTH FL 33463

FILED  
03 OCT 31 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
11951 Southern Blvd  
City & State  
ROYAL PALM BEACH, FL  
Zip  
33411  
Country  
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
11951 Southern Blvd  
City & State  
ROYAL PALM Bch, FL  
Zip  
33411  
Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/24/2002

5. FEI Number

57 114 0757

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	MAINELLA, MICHAEL A	<del>5691 MUIRFIELD VILLAGE CIR</del> 11951 Southern Blvd	<del>LAKE WORTH FL 33463</del> Royal Palm Beach, FL 33411

200024577432  
11/12/03--01002--010 \*\*\$150.00

200024577432  
11/12/03--01002--011 \*\*\$8.75

8. Name and Address of Current Registered Agent

SEFTENBERG, STEPHEN L  
2765 WHITE WING LANE  
W PALM BEACH FL 33409-2203

9. Name and Address of New Registered Agent

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

Stephen L Seftenberg  
REGISTERED AGENT MUST SIGN

Date 10/23/03

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:

*Michael Mainella*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03

Date

Daytime Phone #

CR2E040 (7/03)

EYESAVERS EYEWEAR, INC.  
11951 Southern Boulevard  
Royal Palm Beach, FL 33411

October 23, 2003

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Application for Reinstatement (Document # P02000070172)

Gentlemen:

We received a Certificate of Administrative Dissolution as of September 19, 2003. We have no record of ever receiving the annual uniform business report referred to therein and request abatement of the additional cost.

Enclosed is our Application for Reinstatement. Please send us a Certificate of Status when the Application has been processed.

Your courtesy and cooperation are appreciated.

Eyesavers Eyewear, Inc.

By   
Its sole Director