PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
2007 JUL 18 PM 3:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E081 (1/07) 05-07

DOCUMENT # P03000052167

1. Corporation Name

COHEN FASHION OPTICAL OF FLORIDA, INC.

2. Principal Office Address - No P.O Box #	3. Mailing Office Address
100 Quentin Roosevelt Boulevard	100 Quentin Roosevelt Boulevard
Suite, Apt. #, etc: Suite 400	Suite, Apt. #, etc: Suite 400
City & State: Garden City, NY	City & State: Garden City, NY
Zip: 11530 Country: USA	Zip: 11530 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/12/2003

5. FEI Number: 200091884 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ($30.00 Additional Fee required for Certificate of Status)

7. Name and Address of Current Registered Agent

Name: Blumberg Excelsior Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 4435 Old Winter Garden Rd

Suite, Apt. #, Etc:

City: Orlando State: FL Zip Code: 32811

☑ 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: _____ Date: 7.11.07

REGISTERED AGENT MUST SIGN

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	Robert Cohen	100 Quentin Roosevelt Blvd., Suite 400	Garden City, NY 11530
S	Alan Cohen	100 Quentin Roosevelt Blvd., Suite 400	Garden City, NY 11530
CFO	Richard Winter	100 Quentin Roosevelt Blvd., Suite 400	Garden City, NY 11530
			100105227207 07/18/07--01017--002 **450.00

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 that names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: _____ Richard Winter, CFO July 5, 2007 516-465-6905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M. Williams JUL 18 2007