

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 31 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000099808

1. Corporation Name

LE LOOK OPTICAL INC

2. Principal Office Address

1024 NW 10TH AVENUE

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

Country

33311

3. Mailing Office Address

1024 NW 10TH AVENUE

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE

Zip

Country

33311

REINSTATEMENT 04-06
W06050029730

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

6/10/1991

5. FEI Number

65-0222833

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HUBERT KEBREAU

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

1024 NW 10TH AVENUE

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

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

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
PD	HUBERT KEBREAU	10123 S. LAKE VISTA CIR	DAVIE, FL 33428
VD	ODILE KEBREAU	10123 S. LAKE VISTA CIR	DAVIE, FL 33428

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: 

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/14/05

954-764-0115

Daytime Phone #