
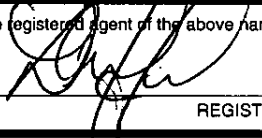
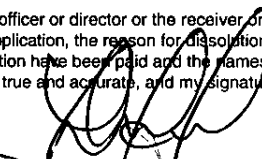


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 NOV -1 PM 1:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P03000105158			
1. Corporation Name Dimitri + Company Eye Wear, Inc.			
2. Principal Office Address 20161 NE 16th Place Suite, Apt. #, etc. City & State Miami, Florida Zip 33179 Country USA		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 9/24/03	
		5. FEI Number 41-211771	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Demetrio H Lampra			
Street Address (P.O. Box Number is Not Acceptable) 20161 NE 16th Place			
Suite, Apt. #, Etc.			
City Miami		State FL	Zip Code 33179
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	Demetrio H Lampra	20161 NE 16th Place	Miami, Florida 33179
STD	Loe Gomez	20161 NE 16th Place	Miami, Florida 33179
300042367303 11/01/04--01082--018 **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 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: 		Date 10/28/04 Daytime Phone # 305 5440800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (01/04)

October 26, 2004

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

Re: Dimitri & Company Eye Wear Inc.
(Document # P03000105158)

To Whom It May Concern:

Please be advised that our company had moved their address by the end of 2003 from 169 E. Flagler Street, Suite 1020-22, Miami, FL 33131 (the address on file) to 20161 NE 16th Place, North Miami Beach, FL 33179-2720 and never received our 2003 Annual Report.

We are therefore respectfully requesting an abatement of any late penalties due to this move. Enclosed please find a check for \$450.00 to reinstate Dimitri & Company Eye Wear Inc. Thank you for your attention in this matter.

Sincerely,


Zoe Gomez