


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # P04000037626</b><br>1. Entity Name<br><b>MOTIVE EYEWEAR, INC.</b>  |   |   |  |    |  |
| Principal Place of Business<br><b>1001 BRICKELL BAY DRIVE 27TH FLOOR<br/>MIAMI, FL 33131</b>   |   |   | Mailing Address<br><b>1001 BRICKELL BAY DRIVE 27TH FLOOR<br/>MIAMI, FL 33131</b>             |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br>Suite, Apt. #, etc. |  |   |  |
| City & State<br>Zip  |   | City & State<br>Zip                       |  | 4. FEI Number<br>Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>   |  |
| Country  |   | Country                                   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>  |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |   |   |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2006, Fee will be \$300.00</b>   |   |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <b>HANEMANN, CHARLES</b> <input type="checkbox"/> Delete<br><b>1001 BRICKELL BAY DRIVE 27TH FLOOR<br/>MIAMI, FL 33131</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered. |   |   |  |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | Date <b>10/11/05</b> Daytime Phone # <b>305-379-2322</b>                                     |   |  |

FILED  
05 OCT 12 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03/22/05 10072005 REIN-P 01078001 \$900-  
CR2E098 (6/04) \$150



October 7, 2004

Florida Department of State  
Secretary of State  
Glenda E. Hood  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

We have received a Notice of Dissolution or Revocation for Motive Eyewear, Inc. (#P04000037626).

We sent the annual report form for this entity to you along with the \$150 fee before the March 1 deadline. The fee was paid along with fees for several other companies by check #5431 in the amount of \$900.00. Attached is a list of entities which were covered by this check, including DESA (Cayman) Holding Corp. (#P02000130920).

Please make sure to reinstate this entity. Please call me if you have any questions or concerns at (305) 379-2322. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kelly McGreevy', followed by a long horizontal flourish line.

Kelly McGreevy