

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000003777

1. Corporation Name

Reed Eye, Inc.

W09-45260

2. Principal Office Address - No P.O. Box #

680 South Old Nob Hill Road

Suite, Apt. #, etc.

City & State

Plantation Florida

Zip

33324

Country

USA

3. Mailing Office Address

680 South Old Nob Hill Road

Suite, Apt. #, etc.

City & State

Plantation Florida

Zip

33324

Country

USA

**7. Name and Address of Current Registered Agent**

Name

Michael Reed

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

680 South Old Nob Hill Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

*Michael Reed*

REGISTERED AGENT MUST SIGN

Date

9/28/09

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
Pres	Michael Reed	680 South Old Nob Hill Road	Plantation Florida 33324
			10/19/09--01004--012 **150.00
			000161541970
			10/19/09 01004 012 **150.00

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 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:

*Michael Reed*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/28/09

Daytime Phone #

954

815-0560

FILED

09 OCT 16 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000161541970  
10/09/09--01029--006 \*\*158.75

REINSTATEMENT

CR2E081 (12/08)

08-09