

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000108997

Entity Name: SC EYEWEAR, INC.

**FILED**  
**Sep 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1820 NW 72ND WAY  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

110 E. COMMERCIAL BLVD.  
LAUDERDALE BY THE SEA, FL 33308

**Current Mailing Address:**

1820 NW 72ND WAY  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 20-5412345

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ZVI RAFILOVICH, CPA, P.A.  
2229 SHERIDAN STREET  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

BARBER, KELLY  
652 NW FAIRHAVEN DRIVE  
PORT ST. LUCIE, FL 34983 US

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.

SIGNATURE: KELLY BARBER

09/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COHEN, DAVID  
Address: 1820 NW 72ND WAY  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP  
Name: COHEN, EVIATAR  
Address: 110 E. COMMERCIAL BLVD.  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RUTH COHEN

SECR

09/06/2011

Electronic Signature of Signing Officer or Director

Date