PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 18 PM 4:50

09/8/03 01040 012 #750.00

DOCUMENT # P93000063273

1. Corporation Name

Eye-Catcher of America, Inc.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
1113 SE 47th Ter.	1113 SE 47th Ter.
Suite, Apt. #, etc. #4	Suite, Apt. #, etc. #4
City & State Cape Coral, FL	City & State Cape Coral, FL
Zip 33904 Country USA	Zip 33904 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/10/93

5. FEI Number 650 43 8441 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Dorothee Bohrer

Street Address (P.O. Box Number is Not Acceptable): 4301 SE 1st Ave

900022824339
10/02/03 01001 029 **150.00

Suite, Apt. #, Etc.:

City: Cape Coral State: FL Zip Code: 33904

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of Registered Agent: Dorothee Bohrer Date: 9/18/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	Heinrich Wulfes	1113 SE 47th Ter #4	Cape Coral, FL 33904
V	Anna-Dorte Wulfes	1113 SE 47th Ter #4	Cape Coral, FL 33904

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: X Heinrich Wulfes 239-540-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E011(01/02)