

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

1997 SEP 29 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPLICATION
FOR
REINSTATEMENT

DOCUMENT # P94000017157

1. Corporation Name
NATIONAL INDUSTRIAL OPTICAL SAFETY CORPORATION
7967 N.W 33RD. STREET
MIAMI, FLA 33122.

Principal Place of Business	Mailing Address
7967 N.W 33RD ST MIAMI, FLA 33122	7967 N.W 33RD ST MIAMI, FLA 33122

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04 MARCH 1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0474325	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D/P/S	JORGE GARCIA	10805 S.W 135 TERR	MIAMI, FLA 33176

REINSTATEMENT *[Handwritten Signature]*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JORGE GARCIA
10805 S.W 135 TERR
MIAMI, FLA 33176

Name
Street Address (P.O. Box Number, if any)
Suite, Apt. #, Etc.
City

1000002307301--7
09/30/97--01018--011
******750.00 ****750.00**

State
Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Jorge Garcia*
REGISTERED AGENT MUST SIGN

Date **16 SEPT 1997**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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:

Jorge Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE GARCIA

16 SEPT 1997

Date Daytime Phone #

CR2E040 (12/96)