


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P95000007974

1. Corporation Name

REGENT OPTICALS, INC.

Principal Place of Business

7220 NW 36TH ST
306
MIAMI FL 33166
US

Mailing Address

UNIT #2 7220 NW 102 AVE
MIAMI FL 33166 33172

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

2. New Principal Office Address, If Applicable:

2200 NW 102 AVE

Suite, Apt. #, etc.

UNIT 2

City & State

MIAMI, FL

Zip

33172

Country

US

3. New Mailing Office Address, If Applicable:

2200 NW 102 AVE

Suite, Apt. #, etc.

UNIT 2

City & State

MIAMI FL

Zip

33172

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

01/26/1995

5. FEI Number

65-0554656

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
DP	JAGASIA, HARISH	7220 NW 36TH ST. 2200 NW 102 AVE #2	MIAMI FL 33166 33172

400002806584 - 1

-03/15/99--01144--007

****900.00 ****300.00

TS 3/11/99 98-99
REINSTATEMENT

8. Name and Address of Current Registered Agent

JAGASIA, HARISH
7220 NW 36TH ST.
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

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

2200 NW 102 AVE

Suite, Apt. #, Etc.

UNIT 2

City

MIAMI

State

FL

Zip Code

33172

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/01/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*

2/01/99

* 305-436 9975

Daytime Phone, If