

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 JUN 14 PM 4:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000020747
 1. Corporation Name
SIGNATURE EYEWEAR, INC. *W9900002827*

Principal Place of Business Mailing Address
SIGNATURE EYEWEAR, INC.
 604-B DUVAL STREET
 KEY WEST, FL 33040
 SAME

REINSTATEMENT *96-99*
780
6/14/99

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

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4 Date Incorporated or Qualified To Do Business in Florida
 03/13/1995

5 FEI Number
 65-0591655 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	OTMANI, ZHARA	604-B DUVAL STREET	KEY WEST, FL 33040
			300002914973--6 -06/24/99--01101--023 ***1200.00 ***1200.00

8. Name and Address of Current Registered Agent
ROOT, JONATHAN S.
 301 YAMATO ROAD
 SUITE 3101
 BOCA RATON, FL 33431

9. Name and Address of New Registered Agent
 Name *Zhara Otmani*
 Street Address (P.O. Box Number is Not Acceptable) *604 B Duval St*
 Suite, Apt #, Etc.
 City *Key West* State **FL** Zip Code **33040**

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 *5/21/99*

11. This corporation owes 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *5/21/99* Day, time Phone # *3052967585*

CR2E081 (12/98)