

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 DEC -8 PM 4:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000024950

Corporation Name

EYE SPY FRANCHISE CORP.

Principal Place of Business

Mailing Address

265 Sunrise Avenue
 Suite 204
 Palm Beach, FL 33480

265 Sunrise Avenue
 Suite 204
 Palm Beach, FL 33480

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

3/15/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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
S	Donald F. Mintmire	265 Sunrise Ave, #204	Palm Beach, FL 33480
			300003078453--9 -12/22/99--01047--012 ***1050.00 ***1050.00

REINSTATEMENT 97-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Donald F. Mintmire
 Mintmire & Associates
 265 Sunrise Avenue, Suite 204
 Palm Beach, FL 33480

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State FL Zip Code _____

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

Donald F. Mintmire

(REGISTERED AGENT MUST SIGN)

Date 11/29/99

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.)

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:

Donald F. Mintmire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/99 Date

(561) 832-5696 Daytime Phone #