

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 # P96000040331

1. Corporation Name

ECLECTIC EYE, INC.

Principal Place of Business

Mailing Address

1000 QUAYSIDE TERR
STE 12
MIAMI FL 33138
US

1000 QUAYSIDE TERR
STE 12
MIAMI FL 33138
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/1996

5. FEI Number

65-0678167

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	LEHMAN, IRENE	1000 QUAYSIDE TERR STE 12	MIAMI FL
T	LEHMAN, MITCHELL	1000 QUAYSIDE TERR STE 12	MIAMI FL
			9000002699959--0 -12/02/98--01031--014 *****758.88 *****758.88

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAHMAN, MITCHELL
1000 QUAYSIDE TERRACE
TOWER SUITE 12
MIAMI FL 33138

Name

LEHMAN MITCHELL

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

1000 QUAYSIDE TERRACE

Suite, Apt. #, Etc.

APT 1206

City

MIAMI, FLA

State

FL

Zip Code

33138

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

Mitchell L. Lehman
REGISTERED AGENT MUST SIGN

Date 11/17/98

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:

Mitchell L. Lehman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/98
Date

305 893 9615
Daytime Phone #

CR2E040 (9/98)