2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000040331

Entity Name: ECLECTIC EYE, INC.

FILED Oct 07, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1000 QUAYSIDE TERR
SUITE 1200

SUITE 1206 SUITE 1608 MIAMI, FL 33138 US MIAMI, FL 33138 US

Current Mailing Address: New Mailing Address:

 1000 QUAYSIDE TERR
 1000 QUAYSIDE TERR

 SUITE 1206
 SUITE 1608

 MIAMI, FL 33138
 US

 MIAMI, FL 33138
 US

FEI Number: 65-0678167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEHMAN, MITCHELL

1000 QUAYSIDE TERRACE

APT 1206

MIAMI, FL 33138 US

LEHMAN, IRENE

1000 QUAYSIDE TERRACE

APT 1608

MIAMI, FL 33138 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: IRENE LEHMAN 10/07/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

AFFIAFRA AND DIDECTORS

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: LEHMAN, IRENE Name: LEHMAN, IRENE

Address: 1000 QUAYSIDE TERRACE, APT 1206 Address: 1000 QUAYSIDE TERRACE, APT 1608

City-St-Zip: MIAMI, FL 331138 US City-St-Zip: MIAMI, FL 331138 US

Name: LEHMAN, MITCHELL Name: LEHMAN, MITCHELL

Address: 1000 QUAYSIDE TERRACE, APT 1206 Address: 1000 QUAYSIDE TERRACE, APT 1608

City-St-Zip: MIAMI, FL 33138 US City-St-Zip: MIAMI, FL 33138 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRENE LEHMAN P 10/07/2004