

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 10 AM 8:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 96000088650

1. Corporation Name

TREASURE ISLAND SUNGLASS SHOPS INC.

2. Principal Office Address

7703 KINGSPORTE PKWY

Suite, Apt. #, etc.

SUITE # 600

City & State

ORLANDO, FL

Zip

32819

Country

USA

3. Mailing Office Address

7703 KINGSPORTE PKWY

Suite, Apt. #, etc.

SUITE # 600

City & State

ORLANDO, FL

Zip

32819

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/28/96

5. FEI Number

650731327

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

DAVID NASSIF

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

14544 BRADDOCK OAK DR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32837

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date 04/29/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DAVID NASSIF	14544 BRADDOCK AOK DR	ORLANDO, FL. 32837
No OTHER OFFICERS !!!			

10. 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:

DAVID NASSIF

04/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

9/6/11

FROM: TREASURE ISLAND SUNGLASS SHOPS INC.  
7703 KINGSPONTE PKWY (SUITE 600)  
ORLANDO, FL. 32819  
(407) 355-7320

TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

THE MAILING ADDRESS THAT YOU HAVE RECORDED  
IS NOT CORRECT. WE HAVE NOT RECEIVED OUR ANNUAL  
REPORT. PLEASE NOTE THAT THE CORRECT ADDRESS  
~~IS STATED ABOVE. ALSO PLEASE MAKE THE CORRECTIONS~~  
~~ON OFFICERS, THERE IS ONLY DAVID NASSIF. ALL MAIL~~  
~~SHOULD BE SENT TO THIS ADDRESS~~

THANK YOU,



DAVID NASSIF  
( PRESIDENT)

IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME AT 407-355-7320