

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

01 MAY 21 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000101230

**1. Corporation Name**  
EYES FOR YOU, CORP.

**2. Principal Office Address**  
20 SW 8 ST

**3. Mailing Office Address**  
20 SW 8 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
MIAMI, FL

**City & State**  
MIAMI, FL

**Zip** 33130 **Country** USA

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**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
65-0717765

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75 Additional Fee required for a Certificate of Status**

600004342286---8  
-06/05/01--01087--023  
\*\*\*1050.00 \*\*\*1050.00

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

**Name**  
JORGE MENDEZ

**Street Address (P.O. Box Number is Not Acceptable)**  
20 SW 8 ST

**Suite, Apt. #, Etc.**

**City**  
MIAMI

**State** FL **Zip Code** 33130

900.00-ADM  
61.25-AR  
88.75-ARSLG

**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**

REGISTERED AGENT MUST SIGN

**Date**

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PSTD	JORGE MENDEZ	20 SW 8 ST	MIAMI, FL 33130

**REINSTATEMENT** 99-0.1

MW

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**