

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 SEP 27 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 947000042234

**1. Corporation Name**

THE SUNGLASS LOOK INC

**2. Principal Office Address**

111 DUVAL STREET

Suite, Apt. #, etc.

City & State  
KEY WEST, FL

Zip  
33040

Country  
US

**3. Mailing Office Address**

C/O BRIAN LYNN

Suite, Apt. #, etc.

2 S UNIVERSITY DR STE 215

City & State  
PLANTATION, FL

Zip  
33324

Country  
US

500041366235  
09/27/04--01043--021 \*\*300.00

**REINSTATEMENT 03-04**

**4. Date Incorporated or Qualified**

To Do Business in Florida 5/12/1997

**5. FEI Number**

65-0752505

**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  
BRIAN LYNN

Street Address (P.O. Box Number is Not Acceptable)  
2 S UNIVERSITY DRIVE

Suite, Apt. #, Etc.  
SUITE 215

City  
PLANTATION

State  
FL

Zip Code  
33324

**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

*Brian Lynn*

Date 9-20-2004

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
PRES	ANNE WEINSTEIN	111 DUVAL STREET	KEY WEST, FL 33040

**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:

*Anne Weinstein*

ANNE WEINSTEIN

305-294-7799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

*Brian Lynn, C.P.A., P.A.*  
Certified Public Accountant

2 of 2

Two South University Drive, Suite 215  
Plantation, Florida 33324  
Broward: (954) 474-1111  
Dade: (305) 940-1878

E-Mail: ex-irs-cpa@mindspring.com  
National Watts Line: (800) 330-2933  
Fax Transmission: (954) 474-5373

September 21, 2004

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
04 SEP 27 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: The Sunglass Look, Inc.  
Document # P97000042234

To Whom It May Concern:

Please be advised I am the registered agent for the above referenced corporation. Enclosed you will find a State of Florida Corporation Reinstatement Form. Also enclosed is the client's check in the amount of \$300.00 to reinstate this corporation.

In both years 2003 and 2004 the corporation's address was changed, mail was not forwarded and the principals did not receive the Uniform Business Report for filing.

We respectfully request that the company be reinstated and the State of Florida accept the \$300.00 reinstatement fee, abating all penalties based on the fact that the forms were never received.

Thank you for your consideration.

Sincerely,



Brian Lynn, CPA, PA

Encl