

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000044769

1. Corporation Name

DREIMLENS, INC.

Principal Place of Business

1900 S. HARBORCITY BLVD.
STE 217
MELBOURNE FL 32901

Mailing Address

1900 S. HARBORCITY BLVD.
STE 217
MELBOURNE FL 32901

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 03

4. Date Incorporated or Qualified To Do Business in Florida

05/19/1997

5. FEI Number

59-3448893

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	THOMAS R REIM	3061 RIO PALMAN.	INDIALANTIC FL 32903

400023819254
10/15/03--01058--015 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REIM, THOMAS RUSSELL
981 E. EAU GALLIE BLVD
INDIAN HARBOR BEACH FL 32937

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date

10/10/03

11. 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

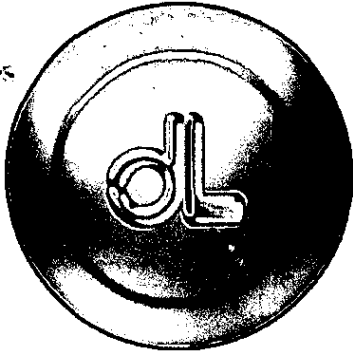
Date

10/3/03

Daytime Phone #

321-953-1986

CR2E040 (7/03)



DreimLens Inc.

1900 S. Harbor City Blvd.

Suite 217

Melbourne, Florida 32901

Tel: 877-OK-DREIM

Fax: 877-DREIM-FX

October 10, 2003

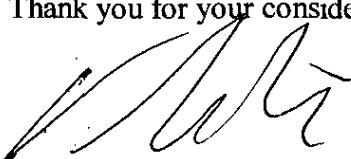
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir:

I have received a notice of administrative dissolution of my corporation. Upon calling and speaking to a Mr. Tyrone Scott today and informing him that we had not received any notice, he recommended that I notify you by letter and request waiving of the late fee.

I have enclosed the renewal fee of \$150 and request that the reinstatement fee be waived.

Thank you for your consideration,



Dr. Thomas R. Reim
President,
DreimLens, Inc.