


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000046038

1. Entity Name
JUST EYES, INC.



FILED

07 DEC 24 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07

Principal Place of Business
**2750 W 68TH STREET
115
HIALEAH, FL 33016 US**

Mailing Address
**2750 W 68TH STREET
115
HIALEAH, FL 33016 US**

2. Principal Place of Business - No P.O. Box #
3512 NE 95T

3. Mailing Address
3512 NE 95T

Suite, Apt. #, etc.

City & State
Homestead FL

City & State
Homestead FL

Zip
33033 Country
USA

Zip
33033 Country
USA

4. FEI Number
65-0755830

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**IGLESIAS, YVONNE
2750 W 68TH STREET
115
HIALEAH, FL 33016**

7. Name and Address of New Registered Agent

Name
Yvonne Iglesias

Street Address (P.O. Box Number is Not Acceptable)
3512 NE 95T

City
Homestead FL Zip Code
33033

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: 

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GONZALEZ, GERARDO 2750 W 68TH STREET HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3512 NE 95T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Homestead, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IGLESIAS, YVONNE 2750 W 68TH STREET HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3512 NE 95T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Homestead, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400114339984 01/08/08--01023--011 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **12/21/07** Daytime Phone #

gc 12/24