

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION REINSTATEMENT

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

FILED

04 MAY -7 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000069851

1. Corporation Name

United Optical Inc.

2. Principal Office Address

12847 SW 42 ST.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33175

Country

3. Mailing Office Address

12847 SW 42 ST.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33175

Country

4. Date Incorporated or Qualified To Do Business in Florida

8/12/97

5. FEI Number

65-0773398

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 0304

7. Name and Address of Current Registered Agent

Name

Leticia Libera

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

12847 SW 42 ST.

Suite, Apt. #, Etc.

800036273308

05/13/04--01067--007 **\$100.00

City

Miami

State

FL

Zip Code

33175

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

x Libera

REGISTERED AGENT MUST SIGN

Date

5/6/04

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/D	Leticia Libera	12847 SW 42 ST.	Miami, FL 33175

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:

x Libera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/6/04

Daytime Phone #

CH25061 (01/04)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND
THE REINSTATEMENT REPORT FORM ALONG WITH A CHECK
PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO
PROPERLY UP-DATE THE ABOVE MENTIONED
CORPORATION.

PLEASE BE ADVICE THAT FOR ANY REASON WE DID NOT
RECEIVE THE ANNUAL REPORT FORM FOR 2003 AND 2004.
AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS
CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY
LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS
MATTER IN THIS MATTER AND IF YOU SHOULD HAVE ANY
FURTHER QUESTION REGARDING THIS LETTER DON'T
HESITATE TO CONTACT US.

CORDIALLY,



LETICIA LIBERA
PRESIDENT