


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 NOV 20 PM 1:18	
DOCUMENT # P98000041016					
1. Corporation Name EYETEMS INTERNATIONAL NO. 120, INC.					
Principal Place of Business 7801 CLINT MOORED SUITE 700 BOCA RATON FL 33487		Mailing Address NEW 5305 W OAKRIDGE RD SUITE 75 ORLANDO FL 32819			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 5305 W OAKRIDGE RD SUITE 75		3. New Mailing Office Address, If Applicable P.O. BOX 81-1959 SUITE, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 05/06/1998	
City & State Orlando, FL		City & State Boca Raton, FL		5. FEI Number 65-0833051	
Zip 32819		Country USA		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
1	P.D.T.S.		GODUR, ELLEN		7280 W. PALMETTO PARK RD S-106
2	P.D.T.S.		GODUR, JAIME		7280 W. PALMETTO PARK RD SUITE 106
					BOCA RATON FL 33433 BOCA RATON FL 33433
					800003493078--6
					12/11/00 01026 021
					****750.00 ****750.00
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
ROBERT, CLAIRE I 7280 W. PALMETTO PARK RD S-106 BOCA RATON FL 33433			Name JAIME GODUR Street Address (P.O. Box Number is Not Acceptable) 5305 W OAKRIDGE RD SUITE 75 Suite, Apt. #, etc. Orlando City Orlando State FL Zip Code 3		
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.					
Signature of Registered Agent		REGISTERED AGENT MUST SIGN		Date Oct 24-2000	
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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Oct 24-2000 561-239678	

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