## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE APPLICATION Katherine Harris **FOR** Secretary of State FILED REMOTATEMENT DIVISION OF CORPORATIONS DOCUMENT # P98000082732 99 OCT 20 AM 4: 04 1. Corporation Name SECRETARY OF STATE
TALLAHASSEE, FLORIDA OBERTI LUNETTES INTERNATIONAL. INC. Principal Place of Business Mailing Address 2250 NORTHEAST 163RD STREET 2250 NORTHEAST 183RD STREET NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160 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 Date Incorporated or Qualified To Do Business In Florida 09/24/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable \$8.75. Additional Fee require Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Officer and/or Director City / State / Zip Title(s) **PSTD** OBERTI, DANIEL 2250 NORTHEAST 163RD STREET NORTH MIAMI BEACH FL 33160 200003029592---5 \*\*\*\*150.00 \*\*\*\*150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent **AMERILAWYER** 2250 NE 343 ALMERIA AVENUE **CORAL GABLES FL 33134** N. Mimi Berth and accept the obligations of Section 607.0505, F.S. 10. I, being ap registered agent of the above named corporation, am familiar with Signature of Registered Ager REGISTERED AGENT MUST SIGN 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 filling 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 a policity of the corporation and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

October 15, 1999

To Whom It May Concern:

Please find enclosed the check number 1127 for the amount of \$150.00 along with the application for teinstatement.

We hereby request a waiver for the reinstatement fee, since we have not received any other notification than this one, had that been so, we would have been taken care of it immediately.

Thank you so much for your assistance to this matter.

Respectfully yours,

Office Manager

Oberti Lunettes International