


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

APPLICATION
FOR
2000 UBR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 NOV 15 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000005418**

1. Corporation Name

BULLSEYE OPTICAL, INC.

Principal Place of Business

10915 CYPRESS RUN CIRCLE
CORAL SPRINGS FL 33071

Mailing Address

10915 CYPRESS RUN CIRCLE
CORAL SPRINGS FL 33071



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/1999

5. FEI Number

650889368

☒ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GOLDSTEIN, ANDREW	10915 CYPRESS RUN CIRCLE	CORAL SPRINGS FL 33071
D	GOLDSTEIN, ANNAMARIA	10915 CYPRESS RUN CIRCLE	CORAL SPRINGS FL 33071
D	GOLDSTEIN, MORRIS	1211 BAHAMA ROAD	COCONUT CREEK FL 33066

200003506362--5
-12/19/00--01095--015
****158.75 ****158.75

8. Name and Address of Current Registered Agent

GOLDSTEIN, ANDREW
10915 CYPRESS RUN CIRCLE
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/16/00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/00

Daytime Phone #

954-749-5881

Page 2 of 2

EYEGLOSS FACTORY OUTLET

Lincoln Park West
7814 A N.W. 44th Street
Sunrise, FL 33351
Phone (954) 749-5881 • Fax (954) 572-4822

October 13, 2000

State of Florida Dept. of State
Katheine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Harris;

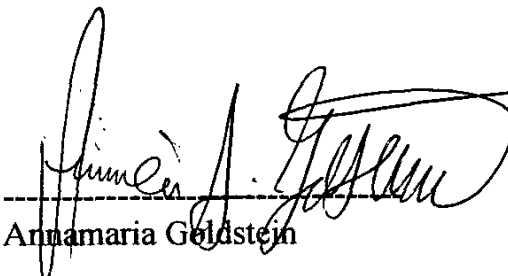
This letter is regarding the status of our corporation **Document # P99000005418, Bullseye Optical Inc., DBA Eyeglass Factory Outlet**. We have just received this notice of dissolution / revocation regarding our corporation as a lack of having had file an annual report.

We were not made aware of this requirement, and also have not received a notice from the state to have filed the annual report. We also do not have a format of what is required for this annual report.

We have no explanation for the lack of notice as we have not moved from our home address in the past 4 years, and the business also has not changed address.

We are enclosing the Annual Report Fee of \$88.75. If you have any question please call us at (954) 749-5881.

Sincerely,


Annamaria Goldstein


Andrew Goldstein