

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

750.00

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 DEC 28 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000016574**

1. Corporation Name

COHEN'S FASHION OPTICAL OF BOYNTON, INC.

Principal Place of Business

Mailing Address

1500 HEMPSTEAD TURNPIKE
EAST MEADOW NY 11554

1500 HEMPSTEAD TURNPIKE
EAST MEADOW NY 11554



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ Date Incorporated or Qualified
To Do Business in Florida

02/19/1999

5. FEI Number

11-3486230

☒ 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
P	COHEN, ROBERT	1500 HEMPSTEAD TPKE	EAST MEADOW NY 11554
S	ALAN, COHEN	1500 HEMPSTEAD TPKE	EAST MEADOW NY 11554

000004749740 9
-01/04/02--01008--001
3300.00 *750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32811

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/5/01

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/01

Date

516/465-6952

Daytime Phone #

CR2E040 (801)

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 12-28-01

NAME: COHEN'S FASHION OPTICAL OF BOYNTON, INC.

TYPE OF FILING: REINSTATEMENT

COST: CHECK ATTACHED FOR ~~\$5000.00~~ 3300.00

RETURN:

ACCOUNT: ~~FEASIBILITY~~

AUTHORIZATION: ABBIE/PAUL HODGE

(750)