


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

CORPORATION

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

FILED
 01 DEC 17 PM 3:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *P99000019269*
1. Corporation Name
R & K SUNGLASSES, INC.

2. Principal Office Address <i>1695 ARABIAN LN</i>		3. Mailing Office Address <i>1901-17 W. BAY DR.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i># 200</i>	
City & State <i>PALM HARBOR, FL</i>		City & State <i>LARGO, FL</i>	
Zip <i>34685</i>	Country <i>USA</i>	Zip <i>33770</i>	Country <i>USA</i>

4. Date Incorporated or Qualified To Do Business in Florida *MAR 2 1999*

5. FEI Number <i>59-3563185</i>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name *KEVIN MORAN*

Street Address (P.O. Box Number is Not Acceptable) *1695 ARABIAN LN*

Suite, Apt. #, Etc.

City *PALM HARBOR* State *FL* Zip Code *34685*

600004745466-9111
-12/31/01--01080-019
*****150.00 ****150.00*

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 *Kevin K Moran* Date *12-13-01*

REGISTERED AGENT MUST SIGN

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
<i>P/AS</i>	<i>KEVIN K. MORAN</i>	<i>1695 ARABIAN LN</i>	<i>PALM HARBOR, FL 34685</i>
<i>VP/T</i>	<i>RITA ABERG</i>	<i>1695 ARABIAN LN</i>	<i>PALM HARBOR, FL 34685</i>

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: *Kevin K Moran* **KEVIN K. MORAN** *12-13-01* *727 772 7482*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)

PAZLOF

Final

R&K Sunglasses, Inc.
1695 Arabian Ln.
Palm Harbor, FL 34685

December 13, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

We are applying to have our corporation reinstated without the \$600.00 reinstatement fee. Included is our renewal fee for \$150.00.

Our business has us out of state most of the year, although we are Florida residents. Accordingly, we have a mail forwarding service that has served us well. However, our local post office can't seem to hold up its end of the job. Despite correct and timely paperwork on our part, the Palm Harbor post office routinely returns mail to senders, or loses mail. One of these must have happened with our renewal paperwork.

As I have had to do with a number of our correspondents, I have updated the reinstatement paperwork to show our forwarding service address as our mailing address. This will prevent any future problems.

Thank you for your attention to this matter and have a happy holiday season.

Sincerely,



Kevin K. Moran
President, R&K Sunglasses, Inc.
1695 Arabian Ln.
Palm Harbor, FL 34685
(727) 772-7462