

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

15182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000019599

1. Corporation Name

OPTICA HISPANA, INC.

2. Principal Office Address

12847 SW 42 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33175

Country

USA

3. Mailing Office Address

12847 SW 42 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33175

Country

USA

FILED

05 JAN -4 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

04-05

4. Date incorporated or Qualified

To Do Business in Florida 03/02/1999

5. FEI Number

650899703

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MEDINA, RAQUEL

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

12847 SW 42 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 01-03-2005

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
PD	MEDINA, RAQUEL	12847 SW 42 STREET	MIAMI, FL 33175

500044526575
01/11/05--01037--012 **300.00

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)(f), 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

01-03-2005

Date

Daytime Phone #

CP2ED81 (01/04)

PJ 292

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEAR OF 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



RAQUEL MEDINA
PRESIDENT