

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL -1 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

02-03
P99000021440

1. Corporation Name

EYES CREAM SHADES, INC.

2. Principal Office Address

1800 Ben Franklin Dr.

3. Mailing Office Address

1800 Ben Franklin Dr.

Suite, Apt. #, etc.

#A405

Suite, Apt. #, etc.

#A405

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34236

Country

USA

Zip

34236

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

March 4, 1999

5. FEI Number

65-0908467

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

000021244020

07/01/03--01057--001 **300.00

7. Name and Address of Current Registered Agent

Name

Faith J. Smith

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

1800 Ben Franklin Dr.

Suite, Apt. #, Etc.

#A405

City

Sarasota

State

FL

Zip Code

34236

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

REGISTERED AGENT MUST SIGN

Date June 23, 2003

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
Director	Faith J. Smith	1800 Ben Franklin Dr., #A405	Sarasota, FL 34236

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:

Faith J. Smith

Faith J. Smith

6/23/03

(941) 388-5032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2003 (10/02)

7/7/03

EYES CREAM SHADES, INC.
1800 Ben Franklin Drive, #A405
Sarasota Florida 34236
(941) 388-5032

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

June 24, 2003


Dear Gentleperson,

Please find attached the Corporation Reinstatement form for Eyes Cream Shades, Inc. I understand that the corporation has been dissolved for failure to file an annual report. Please process this reinstatement at the reduced rate. Corporation business has me commuting between Florida and California on a regular basis, and some of the California stays are quite long. Although I had made arrangements for my mail to be processed while I was away, much correspondence was improperly handled or lost. I was not even aware that a report was due.

It is imperative that the corporaiton be reinstated as quickly as possible, and I greatly appreciate any courtesies in that regard.

If you have any further questions, I am in California now, and may be reached at (818) 707-9985. Thank you for your care in this matter.

Sincerely,


Faith Smith