

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -7 PM 2:18

DOCUMENT # P99000035856

1. Corporation Name

Eye Deal Eyewear, Inc.

2. Principal Office Address

7684 15th Street East

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34243

Country

Sarasota

3. Mailing Office Address

7684 15th Street East

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34236

Country

Sarasota

REINSTATEMENT 04-05

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

04/20/1999

5. FEI Number

66-0915350

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

Koach, Kraig H.

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

1530 Cross Street

Suite, Apt. #, Etc.

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

Kraig H. Koach

Date

9/1/05

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
D	GARNER, DAVID P	11123 MARIGOLD DR	BRADENTON, FL 34202
D	TROMBLEY, MICHAEL D	3095 WILLOW GREEN STREET	SARASOTA, FL 34235
D	CAMP, DENIS L.	10045 GLENMORE AVENUE	BRADENTON, FL 34202

100059582351
09/13/05--01061--003 **900.00

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)(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:

Michael Trombley

Michael Trombley, Director

9-1-05

941-358-7450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)