

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000067148

1. Corporation Name

MILAN OPTICS INC

2. Principal Office Address - No P.O. Box #

750 E. SAMPLE RD

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

3. Mailing Office Address

522 TRACE CIRCLE

Suite, Apt. #, etc.

112

City & State

FLORIDA, DEERFIELD BCH

Zip

33441

Country

USA

7. Name and Address of Current Registered Agent

Name

HELEN DE LIMA OLIVEIRA

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

642 MICHIGAN AVENUE

Suite, Apt. #, Etc.

24

City

MIAMI BEACH

State

FL

Zip Code

33139

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 01/01/08

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
P	HELEN OLIVEIRA	642 MICHIGAN AVENUE	24 MIAMI BCH, FL 33139
V	GEORGE A. FEITOZA	522 TIVOLI TRACE CIRCLE	DEERFIELD BCH, FL 33441

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 contained in Chapter 119, 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] HELEN OLIVEIRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/01/08

Date

(561) 502-5304

Daytime Phone #

FILED

2008 FEB 12 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000117827600
02/12/08--01015--022 **551.00

REINSTATEMENT 00-08

CR2E081 (12/07)

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

5. FEI Number

26-1835494

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

B. Mitchell FEB 12 2008