
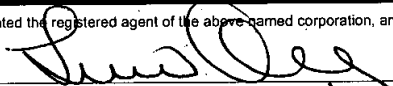
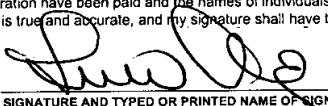


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 <p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 02 JUN 31 PM 4:01</p>																								
<p>CORPORATION REINSTATEMENT</p>																										
<p>DOCUMENT # 799000085763</p>																										
<p>1. Corporation Name .SUAL OPTICAL CORP.</p>																										
<p>2. Principal Office Address 10720 W. FLAGLER ST. Suite, Apt. #, etc. #6 City & State SWEETWATER, FL Zip 33174 Country USA</p>		<p>3. Mailing Office Address 2264 S.W. 22 ST Suite, Apt. #, etc. City & State MIAMI, FL Zip 33145 Country USA</p>																								
		<p>4. Date Incorporated or Qualified To Do Business in Florida 09/20/78</p> <p>5. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/></p> <p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																								
<p>7. Name and Address of Current Registered Agent</p> <p>Name MR. LINO ALVAREZ 351.25-AR</p> <p>Street Address (P.O. Box Number is Not Acceptable) 2264 SW 22 ST 10.00-ARARTR</p> <p>Suite, Apt. #, Etc. 88.75-ARSRP</p> <p>City MIAMI State FL Zip Code 33145</p>																										
<p>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.</p> <p>Signature of Registered Agent  Date 4/11/02</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																										
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PRES.</td> <td>LINO ALVAREZ</td> <td>2264 SW 22 ST.</td> <td>MIAMI FL 33145</td> </tr> <tr> <td>SEC.</td> <td>RAQUEL ALVAREZ</td> <td>2264 SW 22 ST.</td> <td>MIAMI FL 33145</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PRES.	LINO ALVAREZ	2264 SW 22 ST.	MIAMI FL 33145	SEC.	RAQUEL ALVAREZ	2264 SW 22 ST.	MIAMI FL 33145												
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<p>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.</p> <p>SIGNATURE:  LINO ALVAREZ 4/11/02 305.854.6191</p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>																										

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