PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 UB2

FILED
02 JAN 28 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-02

DOCUMENT # P99000100245

1. Corporation Name

D & C Sunglasses & Optical Wholesale Inc.

2. Principal Office Address	3. Mailing Office Address
3899 N.W. 7th St.	3899 N.W 7th St
Suite, Apt. #, etc. Suite 203	Suite, Apt. #, etc. Suite 203
City & State Miami - Florida	City & State Miami - Florida
Zip 33126 Country U.S.A	Zip 33126 Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0961733 ☐ 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: Rafael A. Cazco

Street Address (P.O. Box Number is Not Acceptable): 3899 N.W 7th St

Suite, Apt. #, Etc.: Suite 203

City: Miami State: FL Zip Code: 33126

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-02/19/02--01011--002
****150.00 ****150.00

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: X Rafael Cazco Date: 12/20/01
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
P,S,T	Rafael A. Cazco	3899 N.W 7th St #203	Miami - Fla 33126
			800004952688--4 -02/19/02--01016--003 ****150.00 ****150.00

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: X Rafael Cazco Date: 12/20/01 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-Please Do Not Remove -

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12/20/01

To: Division of Corporations

Subject: D & C Sunglasses & Optical Wholesale Inc.
2001 Annual Report

As per Conversation with your Department, enclose please find my application for Re-Instatement of my corporation with the original fee of $150.00, due and as discussed with your department, I never received the first or second annual report submission due you had the wrong address. Please apologize for any inconvenience this may have caused

Sincerely yours

Rafael A. Cozco