

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

99 JUL -9 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S36386

1. Corporation Name

Celebrity Eyeworks, Inc.

Principal Place of Business

150 Worth Avenue  
Palm Beach, FL 33480

Mailing Address

150 Worth Avenue  
Palm Beach, FL 33480

100002939081--1  
-07/22/99--01088--009  
\*\*\*1050.00 \*\*\*1050.00

**REINSTATEMENT** 97-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc		Suite, Apt. #, etc		Feb. 21, 1991	
City & State		City & State		5. FEI Number 65-0272979	
Zip		Zip		Applied For Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	Barry Franzblau	150 Worth Ave.	Palm Beach, FL33480

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Barry Franzblau 150 Worth Ave. Palm Beach, FL 33480	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City State <u>FL</u> Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [Signature] Date 7/1/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Barry Franzblau, President

Date 7/1/99 561/832-2020  
Daytime Phone #