

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL -6 AM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

V36940

1. Corporation Name

JAMES EYEWEAR CORPORATION

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2878 NW 79 AVE

6500 McDonough Dr

City & State

City & State

Miami FL

NORCROSS GA

Zip

Country

Zip

Country

33122

US

33093

US

7. Name and Address of Current Registered Agent

Name

KIM, SUK M

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

2878 NW 79 AVENUE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33122

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 07/02/2007

☒ 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.

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	KIM, SUK	2878 NW 79 AVE	MIAMI FL 33122
M	PEREZ DE ALEJO, REMBERTO	2878 NW 79 AVE	MIAMI FL 33122
V	KIM KWANG A.	2878 NW 79 AVE	MIAMI FL 33122
		13 7/10/07	
		REINSTATEMENT 05-07	
		400105652954	
		07/06/07-01060-009	
		198.75	

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/02/2007 1091
Date Daytime Phone #