

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000061357

1. Corporation Name

H2 EYEWEAR, INC.

Principal Place of Business

9001 SW 94TH ST #207
MIAMI FL 33176

Mailing Address

9001 SW 94TH ST #207
MIAMI FL 33176

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/2001

5. FEI Number

65-1112693

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres.	HERNAN HERNANDEZ	9001 SW 94TH ST. #207	MIAMI, FL 33176

8. Name and Address of Current Registered Agent

HERNANDEZ, HERNAN
9001 SW 94TH ST #207
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-1-02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-1-02

CR2E040 (8/02)

H2 Eyewear, Inc.
9001 SW 94th Street #207
Miami, Florida 33176

December 1, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: H2 Eyewear, Inc., Uniform Business Report

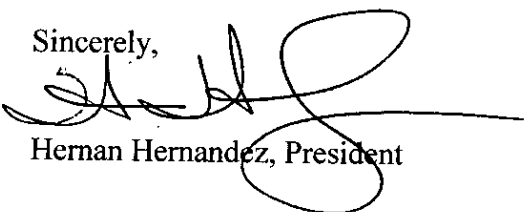
Dear Florida Department of State:

I recently received for the first time this year the 2002 Uniform Business Report form, wherein it states that I now owe the filing fee, along with an additional \$600.00 reinstatement fee for having failed to file this form in a timely manner. However, I never received a copy of this form from the Florida Department of State until just now.

Per my telephone conversation with your office, I was told to simply make the check out in the amount of \$150.00 and that the \$600.00 reinstatement fee would be waived upon receipt of this explanatory correspondence.

I thank you for your attention to this matter and if you have any questions or if the payment herein fails to be sufficient, please immediately advise. Otherwise, I will assume that the 2002 Uniform Business Report form has been properly filed.

Sincerely,



Hernan Hernandez, President