


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 05 MAY -4 PM 5:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> <u>K25035</u> 1. Corporation Name Ocean Optique Distributors, Inc. Document # K25035					
2. Principal Office Address 4590 MacArthur Blvd.		3. Mailing Office Address 4590 MacArthur Blvd.		REINSTATEMENT <u>99-05</u> MAY 11 2005	
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc. Suite 500		4. Date incorporated or Qualified To Do Business in Florida 1/1/1995	
City & State Newport Beach, CA		City & State Newport Beach, CA 92660		5. FEI Number 65-0052592	
Zip 92660		Country USA		Applied For Not Applicable	
Zip 92660		Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Richard Papaleo	
Street Address (P.O. Box Number is Not Acceptable) 9291 NW 13TH PLACE	
Suite, Apt. #, Etc.	
City CORAL SPRINGS	State <b>FL</b>
	Zip Code 33071

000054334380  
05/12/05-01064-013 #1658.75

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: *Richard Papaleo* Date: 4/27/05

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
Pres	Marc Van Rysselberge	4590 MacArthur Blvd., Suite 500	Newport Beach, CA 92660
VP	John Berner	4590 MacArthur Blvd., Suite 500	Newport Beach, CA 92660
<del>SECRETARY</del> VP	James Vu	4590 MacArthur Blvd., Suite 500	Newport Beach, CA 92660

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: *Marc Van Rysselberge* 3/23/05 404 343 1178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR29281 (01/05)