

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC 21 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J94535

1. Corporation Name
DML OPTICAL, INC.

Principal Place of Business
3435 - 49th St. No.
St. Pete, FL
33710

Mailing Address
3435 - 49th St. No.
St. Petersburg, FL
33710

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

REINSTATEMENT 96-99

4. Date Incorporated or Qualified To Do Business in Florida 9/25/87
5. FEI Number 59-2846714
6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	FLOOD, LYND A K.	3435 - 49th St. No.	St. Petersburg, FL 33710
D	KONCZAL, SUSAN M.	3435 - 49th St. No.	St. Petersburg FL 33710
D	KONCZAL, Josephine	3435 - 49th St. No.	St. Petersburg FL 33710

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8. Name and Address of Current Registered Agent
Johnson, Justin C., Esq
1135 South Pasadena Ave
Executive Bldg. # 107
St. Petersburg, FL 33707

9. Name and Address of New Registered Agent
Name Joseph C. Skalski, Esq.
Street Address (P.O. Box Number is Not Acceptable)
14010 Roosevelt Blvd
Suite, Apt. #, Etc. Suite 708
City Clearwater State FL Zip Code 33762

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 Joseph Choddy REGISTERED AGENT MUST SIGN Date 12/3/99

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: Josephine Konczal SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Josephine KONCZAL Date 7/29/99 Daytime Phone # 789-552-8423 KE