

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 AUG 30 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

DOCUMENT # P96000090590

1. Corporation Name
Hyatt Optical
6800 Gulfport Blvd. S. # 219
St. Petersburg, FL 33707

2. Principal Office Address - No P.O. Box # 6800 Gulfport Blvd. S. Suite, Apt. #, etc. Suite 219 City & State St. Petersburg, FL Zip 33707 Country USA		3. Mailing Office Address 6800 Gulfport Blvd. S. Suite, Apt. #, etc. Suite 219 City & State St. Petersburg, FL Zip 33707 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 11/05/96

5. FEI Number 593439000 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Robert A. Bryan
Street Address (P.O. Box Number is Not Acceptable)
6800 Gulfport Blvd. S.
Suite, Apt. #, Etc.
Suite 219
City St. Petersburg State FL Zip Code 33707

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.

[Signature]

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]* Date 08/29/07
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
PLST	Robert A. Bryan	6800 Gulfport Blvd. S. #219	St. Petersburg, FL 33707

08/30/07--01035--013 **450.00

REINSTATEMENT

05=07

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]* Date 08/29/07 (727) 384-9141 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR