

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000090590

1. Corporation Name

HYATT OPTICAL, INC.

Principal Place of Business

Mailing Address

6800 GULFPORT BLVD SO
STE 219
ST PETERSBURG FL 33707
US

6800 GULFPORT BLVD SO
STE 219
ST PETERBURG FL 33707
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1996

5. FEI Number

59-3439000

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
B	BRYAN, AMY	5404 ALOHA DRIVE	ST PETERSBURG BEACH FL
AP	BRYAN, ROBERT A	6800 GULFPORT BLVD S #219	SAINT PETERSBURG FL 33707

200023865952
10/17/03 01002 005 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOWMAN, JOHN N CPA
1636 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713

Name

Robert A Bryan

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

6800 GULF BLVD

Suite, Apt. #, Etc.

#219

City

St. Petersburg

State

FL

Zip Code

33707

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)
REGISTERED AGENT MUST SIGN

Date 10-10-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)