

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F99000004395

1. Corporation Name

1-800 ANY LENS OF BOCA RATON, INC.

Principal Place of Business

Mailing Address

1500 HEMPSTEAD TURNPIKE
EAST MEADOW NY 11554

1500 HEMPSTEAD TURNPIKE
EAST MEADOW NY 11554

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

08/24/1999

5. FEI Number

11-3508586

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

and/or Director (Florida nonprofit corporations must list at least 3 directors)

(4) Four Documents

3

Street Address of Each
Officer and/or Director

000004749737--8
-01/04/02--01008--001
City/State/Zip
4 ***3300.00 ***750.00

1500 HEMPSTEAD TURNPIKE

EAST MEADOW NY 11554

1500 HEMPSTEAD TURNPIKE

EAST MEADOW NY 11554

1500 HEMPSTEAD TURNPIKE

EAST MEADOW NY 11554

CD COHEN, ROBERT

1500 HEMPSTEAD TURNPIKE

EAST MEADOW NY 11554

D CELANO, EDWARD

1500 HEMPSTEAD TURNPIKE

EAST MEADOW NY 11554

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name
BLUMBERG EXCELSION CORP SERVICES INC

Street Address (P.O. Box Number is Not Acceptable)
4435 OLD WINTER GARDEN RD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32811

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/5/01

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11.5.01

Daytime Phone #

516-465-0852

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 12-28-01

NAME: 1-800 ANY LENS OF BOCA RATON INC.

TYPE OF FILING: REINSTATEMENT

COST: CHECK ATTACHED FOR ~~\$3000.00~~ 3300.00

RETURN:

ACCOUNT: ~~EC 1000000015~~

AUTHORIZATION: ABBIE/PAUL HODGE

RECEIVED
01 DEC 28 PM 12:12
DIVISION OF CORPORATION

(750)