APPROVED AND FILED

1 of 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000004395

1. Corporation Name
1-800 ANY LENS OF BOCA RATON, INC.

REINSTATEMENT 02-03

2. Principal Office Address		3. Mailing Office Address	
100 QUENTIN ROOSEVELT		SAME AS #2	
Suite, Apt. #, etc. 400		Suite, Apt. #, etc.	
City & State GARDEN CITY, NY		City & State	
Zip 11530	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 8/24/1999

5. FEI Number: 11-3508586 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

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

Suite, Apt. #, Etc.

City: ORLANDO State: FL Zip Code: 32811

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: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC JOSE MOJICA ASST SECY. Date: 9-18-03
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 &	ROBERT COHEN	100 QUENTIN ROOSEVELT BLVD.	GARDEN CITY, NY 11530
DIR			
VP &	ALAN COHEN	100 QUENTIN ROOSEVELT BLVD.	GARDEN CITY, NY 11530
DIR			

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: ALAN COHEN, VP 9-15-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — Phone #

CR2E031 (10/02)

BLUMBERGEXCELSIOR
62 WHITE ST NY NY 10013

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

CORPORATION REINSTATEMENT

1-800 ANY LENS OF BOCA RATON, INC.

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