

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 358744

FILED  
Nov 09, 2009  
Secretary of State

Entity Name: SAFE-LITE OPTICAL CO., INC.

**Current Principal Place of Business:**

2229 VINSON LANE  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 48250  
JACKSONVILLE, FL 32247

**New Mailing Address:**

2229 VINSON LANE  
JACKSONVILLE, FL 32207

FEI Number: 59-1284177

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOKES, DEBORAH L  
11859 ACOSTA RD  
JACKSONVILLE, FL 32223 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DEBBIE L. STOKES

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: STOKES, KAREN D  
Address: 652 HUMMINGBIRD COURT  
City-St-Zip: JACKSONVILLE, FL 32259

Title: TS ( ) Delete  
Name: STOKES, GERVAISE  
Address: 3500 COASTAL HIGHWAY  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VP ( ) Delete  
Name: STOKES, DEBORAH L  
Address: 11859 ACOSTA RD.  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN D. STOKES

PRES

11/09/2009

Electronic Signature of Signing Officer or Director

Date