FEB-20-98 14:51 From:AKERMAN SENTERFITT 3053745095 T-121 P.02/02 Job-537

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

A30238

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 25 PM 2:28

DOCUMENT # A30238

1. Name of Limited Partnership
Outlook Vision Services, Ltd.

4/18/97

DO NOT WRITE IN THIS SPACE

2. Mailing Address	3. Principal Office Address	4. Date Registered To Do Business in Florida
450 East Las Olas Blvd.	450 East Las Olas Blvd.	6/21/90
Suite Apt # etc: Suite 1500	Suite Apt # etc: Suite 1500	5. FEI Number: 65-0222479 (Applied For / Not Applicable)
City & State: Ft. Lauderdale, Fl.	City & State: Ft. Lauderdale, Fl.	6. CERTIFICATE OF STATUS DESIRED ☒
Zip: 33301 Country: U.S.A.	Zip: 33301 Country: U.S.A.	7. State or Country of Formation: Florida

8a. Capital Contributions as Shown on Record: $6,000.00

8b. Amount of Capital Contributions in FLORIDA to date: $6,000.00

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2.) Supplemental Fee(s): $103.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

Las Olas Financial Services Corp.
300 S. Andrews Ave., 6th Floor
Ft. Lauderdale, Florida 33301

10. If changed, new registered agent/office

Name: American Information Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): One S.E. 3rd Avenue, 28th Floor
Suite, Apt. # etc: 28th Floor
City: Miami FL Zip Code: 33131

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Maggie A. K[illegible] DATE 2/24/98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Oulook Vision Services, Inc.	401 N. Center Street Suite 104	Mesa, Arizona 85201	F93000003516

800002446058---8
-03/03/98--01095--001
***1282.50 ***1282.50

OPTIONS $1,000.00
AR - 105.00
STAMP 177.50
$1,282.50

REINSTATEMENT 1997-1998

BR

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify that I am a General Partner of the limited partnership and/or I am otherwise empowered to execute this report as required by chapter 620, Florida Statutes.

Outlook Vision Services, Inc.
SIGNATURE By: [signature] Treasurer DATE 2/23/98

Typed or printed name of General Partner signing form