


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F00000001402

1. Entity Name
ADVANCED LENS TECHNOLOGY, INC.



FILED

05 NOV 14 PM 12:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
ONE AMERICAN ROAD **ONE AMERICAN ROAD**
CLEVELAND, OH 44144 **CLEVELAND, OH 44144**



2. Principal Place of Business 3. Mailing Address
500 GEORGE WASHINGTON HWY **500 GEORGE WASHINGTON HWY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

11042005 REIN-P CR2E098 (6/04)

City & State City & State
SMITHFIELD RI **SMITHFIELD, RI**

Zip Country Zip Country
02917 **USA** **02917** **USA**

4. FEI Number Applied For
34-1827665 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

Cynthia L. Harris
as its agent

SIGNATURE: Cynthia L. Harris DATE: 11/8/05

Signature of, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CREGER, MICHELLE ESQ. ONE AMERICAN ROAD CLEVELAND, OH 44144 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, STEPHEN ONE AMERICAN ROAD CLEVELAND, OH 44144 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEER, RONALD J ONE AMERICAN ROAD CLEVELAND, OH 44144 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S BRIAN LAGARTO 500 GEORGE WASHINGTON HWY SMITHFIELD, RI 02917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEC TAYLOR 500 GEORGE WASHINGTON HWY SMITHFIELD, RI 02917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARED BLUESTEIN 1114 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM HALLISEY 1114 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian Lagarto Date: 11-7-05 Dialect Phone #: (408) 719-2253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dialect Phone #