

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000001402

FILED  
Oct 27, 2006  
Secretary of State

Entity Name: ADVANCED LENS TECHNOLOGY, INC.

**Current Principal Place of Business:**

500 GEORGE WASHINGTON HWY.  
SMITHFIELD, RI 02917

**New Principal Place of Business:**

**Current Mailing Address:**

500 GEORGE WASHINGTON HWY.  
SMITHFIELD, RI 02917

**New Mailing Address:**

FEI Number: 34-1827665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: JOYCE L. MARKLEY

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: TS ( ) Delete  
Name: LAGARTO, BRIAN  
Address: 500 GEORGE WASHINGTON HWY.  
City-St-Zip: SMITHFIELD, RI 02917

Title: D ( ) Delete  
Name: TAYLOR, ALEC  
Address: 500 GEORGE WASHINGTON HWY.  
City-St-Zip: SMITHFIELD, RI 02917

Title: D ( ) Delete  
Name: BLUESTEIN, JARED  
Address: 1114 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036

Title: D ( ) Delete  
Name: HALLISEY, WILLIAM  
Address: 1114 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIAN LAGARTO

TS

10/27/2006

Electronic Signature of Signing Officer or Director

Date