

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F07000000827

**FILED**  
**Feb 21, 2013**  
**Secretary of State**

**Entity Name:** PRECISION EYE CARE LTD. CORPORATION

**Current Principal Place of Business:**

194 CARSON OAKS LANE  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

2255 HWY 71 S  
MARIANNA, FL 32448

**Current Mailing Address:**

194 CARSON OAKS LANE  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

2255 HWY 71 S  
MARIANNA, FL 32448

**FEI Number:** 20-2466107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LALIM, KORRIE  
194 CARSON OAKS LANE  
SANTA ROSA BEACH, FL 32459 US

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

LALIM, KORRIE  
2255 HWY 71 S  
MARIANNA, FL 32448 US

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:** KORRIE LALIM

02/21/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** C  
**Name:** LALIM, KORRIE  
**Address:** 2255 HWY 71 S  
**City-St-Zip:** MARIANNA, FL 32448

I hereby 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 all other like empowered.

**SIGNATURE:** KORRIE LALIM

CEO

02/21/2013

Electronic Signature of Signing Officer or Director

Date