PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 NOV 22 PM 4:10

000306001750

CR2E081 (11/10)

DOCUMENT # F12000001254

1. Corporation Name
Visionworks of America, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
175 E. Houston Street	175 E. Houston Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: San Antonio, Texas	City & State: San Antonio, Texs
Zip: 78205 Country: USA	Zip: 78205 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 03/22/2012

5. FEI Number: 74-2337775 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
Suite, Apt. #, etc.:
City: PLANTATION State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Jin Song Jin Song Assistant Secretary Date: 11/21/2017
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
		SEE ATTACHED LIST	

10. E-mail Address: jetaylor@visionworks.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 11-21-17 210.524.6618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: J. Brian Butzer Date Daytime Phone #

FL010 - 05.17.2013 Wolters Kluwer Online

T MOORE
NOV 22 2017

VISIONWORKS OF AMERICA, INC.

Officers & Directors

NAME	*TITLE*	*BUSINESS ADDRESS*
Baum, J. Robert Ph.D.	Director	175 E. Houston Street San Antonio, TX 78205
Blandino, M.D., David Arthur	Director	175 E. Houston Street San Antonio, TX 78205
DeTurk, Nanette Paden	Director	175 E. Houston Street San Antonio, TX 78205
Bridgman, Peter	Director and President	175 E. Houston Street San Antonio, TX 78205
Hanlon, Karen Lynn	Director	175 E. Houston Street San Antonio, TX 78205
Rice-Johnson, Deborah Lynn	Director	175 E. Houston Street San Antonio, TX 78205
Kincaid, Michael John	Treasurer	175 E. Houston Street San Antonio, TX 78205
Taylor, Jennifer L.	Executive Vice President, CFO & Asst. Secretary	175 E. Houston Street San Antonio, TX 78205
Bitzer, J. Brian	Assistant Treasurer	175 E. Houston Street San Antonio, TX 78205
Bittner, Jr., Edward August	Secretary	175 E. Houston Street San Antonio, TX 78205
Sencak, John Lee	Assistant Secretary	175 E. Houston Street San Antonio, TX 78205

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 11/22/17
ACCT. I20160000072

Name:	Visionworks of America Inc.
Document #:	
Order #:	10722118

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing:
Certified:
Plain:
COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 1358.75

Thank you!