


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 132

FILED

05 MAR 25 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F14348**

1. Corporation Name

TEGENKAMP CLEAR VISION OPTICAL, INC

2. Principal Office Address

5115 N PALAFOX ST.
Suite, Apt. #, etc.

3. Mailing Office Address

5115 N PALAFOX ST.
Suite, Apt. #, etc.

City & State

PENSACOLA FL.

City & State

PENSACOLA FL.

Zip

32505

Country

U.S.

Zip

32505

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

1-21-1981

5. FEI Number

592165426

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

MARK TEGENKAMP

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

5115 N. PALAFOX ST

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32505

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

Mark Tegenkamp
REGISTERED AGENT MUST SIGN

Date **2-15-05**

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
President	MARK TEGENKAMP	5348 OAKMONT DR.	PACF, FL. 32571
S	Robert Tegenkamp	1076 candlewood Cir	Pensacola, FL 32514
			800049934339 04/05/05--01088--001 **150.00
			800049934339 04/05/05--01088--002 **150.00

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Mark Tegenkamp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-05

Date

Daytime Phone #

CR2E081 (01/05)



13 2002

Over 20 Years of Optical Excellence

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

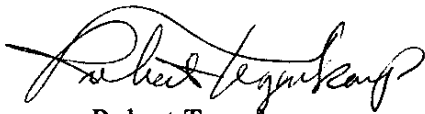
Gentlemen:

RE: Reinstatement of Corporation, #59-2165426

Due to the Hurricane in September 16, 2004 we did not receive application to renew our status with the State. We are enclosing the application and check.

We are requesting that the State wave the reinstatement fees and accept our check enclosed due October 2004. Thank you for your kind consideration.

Sincerely,



Robert Tegenkamp