

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 24 PM 6:30

DOCUMENT # **F74868**

1. Corporation Name

OPTICAL SPECTRUM, INC.

Principal Place of Business

Mailing Address

**804 LAS OLAS BLVD
FT LAUDERDALE FL 33301
US**

**804 E LAS OLAS BLVE
FT LAUDERDALE FL 33301
US**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/01/1982	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2182715	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	WERZER, MICHAEL S	804 E LAS OLAS BLVD	FT LAUDERDALE FL 33301

400004678814--3
-11/14/01-01054-030
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WERZER, MICHAEL
804 E LAS OLAS BLVD
FT LAUDERDALE FL 33301**

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL S. WERZER
Pres

954
10/17/01
4631566

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

October 17, 2001

To Whom It May Concern:

I have just received a certificate of revocation of my corporation, document F74868. This is the first paper I have gotten about filing my yearly corporate report. I have been incorporated since 1982 as Stewart Optical Inc. and had a name change to Optical Spectrum, Inc. approximately eight years ago. I have never been either late or delinquent with my corporate filing. I am asking that you please make consideration of this fact. I have looked through all and any correspondence over the last few months and I have no record of ever having received an original request for the corporate report to be filed.

Thank you for all and any consideration,

Michael S. Werzer, Pres.

Michael S. Werzer, President
Optical Spectrum Inc.