

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR 30 AM 9:46

DOCUMENT # F970000004640

1. Corporation Name

Progressive Vision International Inc

2. Principal Office Address

Route #1

Suite, Apt. #, etc.

Creek Rd

City & State

Leola, PA

Zip

17540

Country

USA

3. Mailing Office Address

P.O. Box 31393

Suite, Apt. #, etc.

City & State

Jerusalem

Zip

91313

Country

Israel

4. Date Incorporated or Qualified  
To Do Business in Florida

1997

5. FEI Number

23 206 23340

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

Yosef Koelner

300003362043

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

4761 N.W. 24th Court.

04/06/01 01027 009

\*\*\*\*297.50 \*\*\*\*297.50

Suite, Apt. #, Etc.

City

Lauderdale Lakes

State  
**FL**

Zip Code

33313

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

[Signature]

Date

02-27-01

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
D/P	Tom Hess	Route #1, Creek Rd	Leola, PA 17540
O/V	Barry Segal	Shoshana St #57	90805 Mevaseret, Israel
P/S	Jonathan Bernis	16001 N. 34th St.	Phoenix, AZ 85032
O/T	Jeffrey Lowenthal	Suite 440 555 City Line Ave	Bala Cynwyd, PA 19004

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:

Tom Hess

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 Feb, 01

Date

++97226261518

Daytime Phone #

CR2E081 (9/00)