PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 SEP 12 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G03039

1. Corporation Name
INTERCOASTAL OPTICS, INC.
[redacted]

2. Principal Office Address	**3.** Mailing Office Address
1700 W. New Haven Ave	1700 W. New Haven Ave
Suite, Apt. #, etc. 659	Suite, Apt. #, etc. 659
City & State Melbourne Fl	City & State Melbourne, Fl.
Zip 32904 Country Brevard	Zip 32169 Country USA

4. Date Incorporated or Qualified To Do Business in Florida OCT 1982

5. FEI Number 59-2222490 — 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: Neil Carnathan

100004602631--5
-09/20/01--01051--024
***1500.00 *** 500.00

Street Address (P.O. Box Number is Not Acceptable): 400 Quay Ass:si

Suite, Apt. #, Etc.:

City: New Smyrna Bch | State: FL | Zip Code: 32169

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: Neil Carnathan — Date: 9-7-01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
Pres.	Neil Carnathan	400 Quay Ass:si	New Smyrna Bch 32169

REINSTATEMENT 96-01

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 affect as if made under oath.

SIGNATURE: President — 9-7-01 — 321-452-2540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #