


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



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

DOCUMENT # H796071
1. Corporation Name
THE OPTIC ZONE INC

FILED
01 AUG 10 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500004554745--7
-08/24/01--01032--010
***1365.00 ***1365.00

2. Principal Office Address
9707 OVERSEAS HWY

3. Mailing Office Address
9707 OVERSEAS HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MARATHON FL

City & State
MARATHON FL

Zip
33050

Country
USA

Zip
33050

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 10/85

5. FEI Number
59 258 5620

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 ROD JAMES c/o PEARLE VISION

Street Address (P.O. Box Number is Not Acceptable)
9707 OVERSEAS HWY

Suite, Apt. #, Etc.

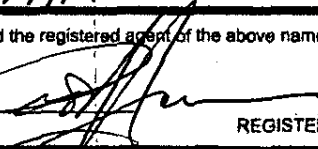
City
MARATHON

State
FL

Zip Code
33050

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



Date 7/17/01

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
P	ROD JAMES	9707 OVERSEAS HWY	MARATHON FL 33050
S.T	CAROL SUMMERS JAMES	9707 OVERSEAS HWY	MARATHON FL 33050
	AR- 886.25		
	ARARS- 10.00	94-01 UBR	TS
	ARsupp-88.75		
	GER- 400.00		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROD JAMES

7/17/01

Date

305-743-9800

Daytime Phone #

Pg. 2 of 2

Rod James
The Optic Zone, Inc.
9707 Overseas Hwy.
Marathon, Fl 33050

Florida Dept. of State
Division of Corporations
409 East Gaines St.
Tallahassee, Fl 32399

July 17, 2001

To: Corporate reinstatement

This letter is to explain why we have been listed as inactive in your files. This was discovered by accident as I changed banks and they did a corporate search and found our inactive status. By the dates of our last filing I can only assume the annual reporting form either did not get forwarded in the confusion after Hurricane Andrew or our change of address was overlooked. In either case it was Hurricane Andrew, which forced us to move, and the period afterward was at best confusing as we attempted to deal with the destruction of our business and our home.

I spoke to Thelma in the Department of Corporations and at her suggestion I am writing this letter to request the waiver of the reinstatement fee. She indicated that she thought there would be no problem and to include with the letter a reinstatement form along with a check for years 1994 through 2001. (8 years at \$150 per year or \$1200)

Please accept my apologies for our oversight in filing.

Sincerely,

Rod James, president
The Optic Zone, Inc.