


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # J67958</b> 1. Entity Name <b>NANOPTICS, INC.</b>					
Principal Place of Business <b>3014 NE 21ST WAY GAINESVILLE, FL 32609</b>			Mailing Address <b>3014 NE 21ST WAY GAINESVILLE, FL 32609</b>		
2. Principal Place of Business - No P.O. Box #  		3. Mailing Address  			
Suite, Apt. #, etc.  		Suite, Apt. #, etc.  			
City & State  		City & State  			
Zip  	Country  	Zip  	Country  	4. FEI Number <b>59-2882567</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>WALKER, JAMES K. DR 2425 N.W. 26TH PLACE GAINESVILLE, FL 32605</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE: <u><i>James K Walker</i></u> <span style="float: right;">10/12/07</span> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$750.00</b>  <b>After January 1, 2008, Fee will be \$900.00</b> </div> <div>DATE</div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WALKER, JAMES K. DR 2425 NW 26TH STREET GAINESVILLE, FL	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: <u><i>James K Walker</i></u> Pres. 10/9/07 352.378.6620 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

07 OCT 17 AM 11:07

STATE  
TALLAHASSEE, FLORIDA



10092007 REIN-P CR2E098 (1/07)

4. FEI Number  
**59-2882567**

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

REINSTATEMENT 2007

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