

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 17 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K12110**

1. Corporation Name

LESLY'S OPTICAL INC

REINSTATEMENT 23

2. Principal Office Address

1407 SW 107th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33174

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/88

5. FEI Number

650050196

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

LESLY A. GARCIA

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

1407 SW 107 AVE

Suite, Apt. #, Etc.

City

MIAMI FL

State

FL

Zip Code

33174

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

Lesly Garcia

REGISTERED AGENT MUST SIGN

Date

10/14/03

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 |
|--------|--------------------------------------|---|--------------------|
| PSD | LESLY A. GARCIA | 1407 SW 107 AVE | MIAMI FL 33174 |
| VTD | CARLOS C. MATEO | 1407 SW 107 AVE | MIAMI FL 33174 |
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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:

Lesly Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

CR2E081 (10/02)

7 10/21

LESLEY'S OPTICAL INC.
1407 SW 107 AVENUE
MIAMI, FL 33174
305-552-5595

October 14, 2003

Dear Sirs:

I just went to a bank to open a new bank account and they informed me that my corporation was dissolved. Please note that we had moved in 2002 and never received the Uniform Business Report for 2003. I did not receive any prior reports or notices. A review of the information on your online service reveals that you have the wrong address. There appears to be a typo you have 14074 SW 107 Avenue it should be 1407 SW 107 Avenue. Please accept this check for the regular amount of the annual report since we never received the 2003 report. Please do not hesitate to contact me should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Lesly Garcia", written over the printed name and title.

Lesly A. Garcia
President