## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

DOCL	IMEN <sup>-</sup>	Γ#
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Principal Place of Business

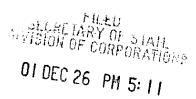
K59072

1. Corporation Name

J & S OPTICAL, INC.

Mailing Address

SIGNATURE:



) (BOYOY) 091 91710 (OY) 18411 (BOYO 1181 DISH SYD) 610H BISH BISH BISH 1861 (BO

JACKSONVILLE FL 32204  B03 PRICE ST  JACKSONVILLE FL 32204  JACKSONVILLE FL 32204						NSTATEMENT O				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable					Date Incorporated or Qualified     To Do Business in Florida					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number Applied For					
City & State		City & State				6.	59-2927737	Not Applicable		
Žip	•	Country	Zip		Country				5 Additional Fee required or a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprof	it corporations r	nust list at lea	ast 3 directors)			
Title(s)	Fitle(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
P	CARLSON	, DONALD WALTER	-704 ROSSELLE			803 PU	Œ ST.	JACKSONVILLE FL		
vs	CARLSON	RLSON, CATHERINE HART -794 ROSSELLE			SELLE-ST	803 PLI	CE ST. JACKSONVILLE FL			
<del></del>	CARLSON, WILLIAM JAMES			704 ROSSELLE ST				JACKSONVILLE FL DEZETE		
Ψ	V CARLSON, LIVIA BERNEY			704 R033ELLE 3T				JACKSONVILLE FL	Dage	
							5	00004765 -01/10/020 ****750.00	4954 1078009 *****750.00	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
Name					ne					
CARLSON, DONALD WALTER 803 PRICE ST			Stre	Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE FL 32204		Suite, Apt. #, Etc.			the state of the s					
				City	City State Zip Code					
Signature o Registered	of Agent		EGISTERED AG	D S A	O WALFE SIGN	W CAP	uson	Date 12/20/	O (	
								pter 607 or 617, F.S. I further of section 607 0401 or 617 04		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR