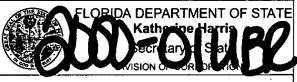
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR





DOCUMENT#

K95141

1. Corporation Name

RELIABLE OPHTHALMIC INSTRUMENT SERVICE INC.

Principal Place of Business

SIGNATURE:

Mailing Address

3878 PROSPECT AVE.. #2 RIVIERA BEACH FL 33404-3346 3878 PROSPECT AVE., #2 RIVIERA BEACH FL 33404-3346 FILED

01 FEB -7 AM II: 15

SECRETARY OF STATE TALLAHASSEE FLORIDA



If above a	addresses are incorrect in any way, line t	hrough incorrect i	information an	d enter correction below.				
111 1011			New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 06/12/1989		
Suite, Apt. #, etc. Suite			te, Apt. #, etc.		5. FEI Number		Applied For	
City & Stat	de	City & State	City & State			65-0125526 Not Applicable		
Zip Country Zip			Country 6. CERTIFICAT		E OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Addresses of Each Officer ar	d/or Director (Fig	orida nonprofit	corporations must list at I	east 3 directors)			
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director		ch	City / State / Zip		
D	GOODWIN, SCOTT B.		501 HUN	TER ST		W PALM BCH. FL		
D	O'BRIEN, KEVIN			th 3899 Light	thouse Dr.	PALM BCH GDNS FL		
					4	0000367 -02/13/01 ****300.00	71042 01071026) *****300.00	
	8. Name and Address of Curre	nt Registered Ag	ent		9. Name and /	Address of New Registered	Agent	
GOODWIN, SCOTT B. 3878 PROSPECT AVE RIVIERA BEACH FL 33461				Street Address	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code			
10. I, being Signature of Registered	Agent	bove named corp	2000	QUIRED	obligations of Sect	FL Ion 607.0505, F.S. Date 2/5/	01	
this rei	that am an officer or director or the reconstatement application, the reason for director or the responsion of the carporation have been paid and the application is true and accurate, and my	ceiver or trustee e ssolution has been se names of indivi	mpowered to a climinated, to duals listed or	execute this application as he corporate name satisfind this form do not qualify for	es the requirements or an exemption un	of section 607.0401 or 617.0	401, F.S., that all fees	

Florida Dapt. of State Division of Corporations Annual Report Reinstatement Section Tallalassee, FR. 32514-

> Dear Tiro, I am sending the signed copy of my corporate reinstatement notice. I had not received the original notice and deal not know what this reinstatement notice was for. It put it into my folder for the accountant for types ate. He called me & informed me of what it was & suggested of call your office to explain my mistake in hopes you could alimente the senalty interest charges of talked to Mr. Typore Jott and was told to send in the reinstatement notice along with this letter 4-\$300 - . If apologine for the mistaken delay + hope you can eliminate the late fees & pendtys. Therkyou,

Destitoodwin V.P.
Reliable Polith. 3hst. Sew.
3878 Prospect Ave., St. 2
Rivina Sel. F.E. 33404
F.E.1. #65-0125526