L01000020398

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 17 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000020398

1. Limited Liability Company's Name
ROYAL EYECARE CENTER, LLC

9/24/03

BK

2. Principal Office Address	3. Mailing Office Address
103 Knights Court	103 Knights Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Royal Palm Beach, Florida	City & State: Royal Palm Beach, Florida
Zip: 33411 Country: United States	Zip: 33411 Country: United States

4. State/Country of Formation: Florida / United States

5. Date Organized or Qualified To Do Business in Florida: November 27, 200

6. FEI Number: 010551789 ☐ Applied For ☐ Not Applicabl

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee requir for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: DEBORAH SINGH

Street Address (P.O. Box Number Is Not Acceptable): 103 Knights Court

Suite, Apt. #, Etc.:

City: Royal Palm Beach | State: FL | Zip Code: 33411

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: D Singh — REGISTERED AGENT MUST SIGN — Date 12/16/03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DEBORAH SINGH	103 Knights Court	Royal Palm Beach, FL 33411
MGRM	DR. NAVIN SINGH	103 Knights Court	Royal Palm Beach, FL 33411

REINSTATEMENT 2003

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: D Singh — Date 12/16/03 — Daytime Phone # (561) 333-7778

Typed or printed name of signing Managing Member/Manager: Deborah Singh, Managing Member

CSC

CORPORATION SERVICE COMPANY

L01000020398

ACCOUNT NO. : 072100000032

REFERENCE : 364491 4130B

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ ~~100.00~~ $ 155.00

ORDER DATE : December 17, 2003

ORDER TIME : 2:58 PM

ORDER NO. : 364491-005

CUSTOMER NO: 4130B

CUSTOMER: Rubye Lockwood
Bolz & Bolz
Suite 100
5 Harvard Circle
West Palm Beach, FL 33409

FILED
03 DEC 17 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 DEC 17 PM 4:42
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: ROYAL EYECARE CENTER, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS _____