

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 19 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08222

1. Corporation Name

Florida Optical Express, Inc.

400007899964--2

-09/20/02--01065--025

****908.75 ****908.75

2. Principal Office Address

160 Boston Avenue

3. Mailing Office Address

160 Boston Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32701

Country

Seminole

Zip

32701

Country

Seminole

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-10-89

5. FEI Number

59-2963075

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Isler, John L.

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

160 Boston Avenue

Suite, Apt. #, Etc.

City

Altamonte Springs

State
FL

Zip Code

32701

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

REGISTERED AGENT MUST SIGN

Date 9-17-02

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
P	Isler, John	524 Manor Road	Maitland, FL 32751
VP	Gruenberg, Peter	421 Lakewood Drive	Winter Park, FL 32789
S	Pappas, Harry	641 Bonita Drive	Winter Park, FL 32789
T	Feldman, Robert	2224 Smoketree Court	Longwood, FL 32779

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:

John L. Isler, M.D.

9-17-02

407-834-7776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

js 9/19/02