

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
RECEIVED



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB 28 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900013269679
02/28/03--01046--005 **300.00

900013269679
02/28/03--01046--006 **150.00

DOCUMENT # L 77608

1. Corporation Name

SAO LENS + EQUIPMENT CO.

W02-35705

2. Principal Office Address

2128 WEST FLAGLER STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City State

MIAMI, FLORIDA

City & State

Zip

33135

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0318737

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

SOLOMON OVADIA

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

2128 WEST FLAGLER STREET

Suite, Apt. #, Etc.

M

City

MIAMI

State
FL

Zip Code

33135

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 12/11/02

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/D	SOLOMON OVADIA	2128 W. FLAGLER STREET	MIAMI, FL-33135

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SOLOMON OVADIA

Date

12/11/02

Daytime Phone #

305-642-6901

CR2E081 (9/01)

SAO LENS & EQUIPMENT CO.
2128 WEST FLAGLER STREET, MIAMI, FL 33135
TEL. 305 642-6911 FAX 305 642-8201

SEPTEMBER 11, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: REINSTATEMENT (CORP.)
DOC. #L77608

GENTLEMEN:

IN DECEMBER 2000, WE MOVED OUR OFFICE TO A NEW LOCATION, AS INDICATED ABOVE, AND NEVER RECEIVED OUR ANNUAL REPORT FOR 2002.

SINCE, THIS WAS AN INACTIVE CORPORATION, WE NEVER WAS AWARE THAT A STATE REPORT WAS DUE AND THAT THE STATE HAD DISSOLVED OUR CHARTER.

UNDER THOSE CIRCUMSTANCES, WE ARE COMPLETING FORM "CORPORATION REINSTATEMENT" AND ATTACHING ONE YEAR ANNUAL FEE, TOTALING \$150.00 AND WOULD APPRECIATE THE STATE WAVING PENALTIES.

RESPECTFULLY,

SOLOMON A. OVADIA
PRESIDENT