

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUN 27 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 99000000601

1. Limited Liability Company's Name

Visus LLC

REINSTATEMENT

2000-
2002

2. Principal Office Address

7940 N. Federal Hwy

Suite, Apt. #, etc.

Suite 200

City & State

Boca Raton FL

Zip

33487

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

Jan. 25, 1999

6. FEI Number

65-0898782

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Neil Glachman

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

7940 N. Federal Hwy

Suite, Apt. #, Etc.

Suite 200

City

Boca Raton

State

FL

Zip Code

33487

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

Date 6/25/2002

REGISTERED AGENT MUST SIGN

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
MGM-R	Neil Glachman	17888 Fieldbrook Circle	Boca Raton FL 33496
MGM-R	Samir Gaid	400 Viviane Avenue	Mt. Royale Quebec H3P 1P5
MGM-R	Ronald P. Snyder	2200 NW 57th Street	Boca Raton FL 33486

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

Date 6/25/02

Daytime Phone# 561-750-6633

Typed or printed name of signing Managing Member/Manager

Neil Glachman

CR2E041 (9/01)