

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 24 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000002706

1. Limited Liability Company's Name

SOPER INTERNATIONAL OPHTHALMICS, LLC

900012873679
02/21/03--01008--004 **200.00

2. Principal Office Address 2528 TRAILMATE DRIVE Suite, Apt. #, etc.		3. Mailing Office Address 2528 TRAILMATE DRIVE Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34243	Country SARASOTA	Zip 34243	Country SARASOTA

4. State/Country of Formation DELAWARE	
5. Date Organized or Qualified To Do Business in Florida 12/28/2000	
6. FEI Number 841566385	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name WILLIAM G. LAMBRECHT
Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE
Suite, Apt. #, Etc.
City SARASOTA
State FL
Zip Code 34236

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

William G. Lambrecht
REGISTERED AGENT MUST SIGN

Date 1/29/03

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	David J. Dougherty	23714 Waynes Way	Golden, CO 80407
MGRM	Robert Smart	2401 Post Road	Sarasota, FL 34231

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

David J. Dougherty

Date 2/10/03

Daytime Phone #

941 752 5755

Typed or printed name of signing Managing Member/Manager

DAVID J. DOUGHERTY, Managing Member

CR2E041 (10/02)