

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

M31215 DOCUMENT #

1. Corporation Name

RUSH OPTICAL, INC.

Principal Place of Business

C/O MAURICE W. GILBERT

1644 N.E. 164TH STREET N. MIAMI BEACH FL 33162 Mailing Address

C/O MAURICE W. GILBERT 1644 N.E. 164TH STREET N. MIAMI BEACH FL 33162

FILED

03 OCT 23 AM 9:30

SECRETARY OF STATE FALLAMASSIE. FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.							500024049995 10/23/0301059003 **150.00		
	·	Address, If Applicable		3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 04/29/1986		
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.				- ` - ', , , 	
City & State			City & State			~5. FEI Numbe	59-2674834	Applied For Not Applicable	
Zip		Country	Zip		Country	6. CERTIFICAT	E OF STATUS DESIRED	8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ac	dresses of Each Officer a	nd/or Director (Flo	rida nonpro	fit corporations must list a	least 3 directors)			
Title(s) 1	Fitle(s) Name of Officers and/or Directors					ach	City / State / Zip		
PD	GILBERT, MAURICE W.			1644 N.E. 164TH ST.			N. MIAMI BEACH FL		
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		<u></u>			<u></u>				
8. Name and Address of Current Registered Agent						9. Name and	9. Name and Address of New Registered Agent		
GILBERT, MAURICE W. 1644 N.E. 164TH STREET					Name	Name Street Address (P.O. Box Number is Not Acceptable)			
					Street Addres				
N. MIAMI BEACH FL 33162						Suite, Apt. #, Etc.			
					City	- 	Sta F	te Zip Code	
10. l. bein	a appointed th	e registered agent of the	above named corpo	oration, am	familiar with and accept th	e obligations of Sec	tion 607.0505, F.S. or 617.0		

REGISTERED AGENT MUST SIGN

. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



(305) 945-3615 1644 NE 164 Street North Miami Beach, FL 33162

See eye to eye with excellence

October 15, 2003,

Re: Reinstatement of Corporation

To Whom It May Concern:

The reinstatement fee was quite a surprise since we had never received any statements for the Uniform Business Report for this year. As you can see by our prior history, this fee has always been paid in a timely manner. I am enclosing a check for the one hundred and fifty dollars to get us back on track as a corporation, and hope that our past years in business without ever failing to pay this bill will be taken into consideration.

Thank you.

Maurice W Gilbert, President and Business Owner of Rush Optical, Inc.

MG/fg