PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M59327**

1. Corporation Name

CLASSIC OPTICAL LABORATORIES, INC.

Principal Place of Business	Mailing Address
7900 GLADES ROAD. SUITE 400 BOCA RATON FL 33434-4014	7900 GLADES ROAD. SUITE 400 BOCA RATON FL 33434-4014

REINSTATEMENT 2000

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/18/1987

5. FEI Number: 34-1395500 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	FRIEDKIN, MONTE	7900 GLADES ROAD	BOCA RATON FL
ST	BRANDON, MICHAEL N	7900 GLADES ROAD, SUITE 400	BOCA RATON FL

100000349151 1 5
-12/08/00--01032--006
****750.00 ****750.00

8. Name and Address of Current Registered Agent

FRIEDKIN, MONTE
7900 GLADES ROAD
SUITE 400
BOCA RATON FL 33434

9. Name and Address of New Registered Agent

Name: Monte FriedKin
Street Address (P.O. Box Number is Not Acceptable): 6300 Park of Commerce
Suite, Apt. #, Etc.: Blvd.
City: Boca Raton
State: FL
Zip Code: 33487

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN
Date: 10/30/00

11. 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 REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Monte Friedkin

Date: 10/30/00
Daytime Phone #: 561-241-7777