

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 13 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10112006 REIN-NP CR2E099 (11/05)

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # N00000002894 1. Entity Name THE ONE STOP VISION CENTER FOR THE SPECIAL POPULATION, INC. | | | | | |
| Principal Place of Business 3001 EAST HANNA AVE TAMPA, FL 33610 | | | Mailing Address PO BOX 15186 TAMPA, FL 33684 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3638418 | |
| Zip | | Country | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| JACKSON, STEPHEN N 10743 GLEN ELLEN DRIVE TAMPA, FL 33615 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 3001 E. Hanna Ave | |
| | | | | City TAMPA State FL Zip Code 33610 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE | | | (NOTE: Registered Agent signature required when reinstating) | | DATE 10/12/06 |
| FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JACKSON, STEPHEN N 10743 GLEN ELLEN DR TAMPA, FL 33624 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P 3001 E. Hanna Ave TAMPA, FL 33610 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JACKSON, ELIZABETH 10743 GLEN ELLEN DR TAMPA, FL 33624 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3001 E. Hanna Ave TAMPA, FL 33610 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JACKSON, STEPHANIE 10743 GLEN ELLEN DR TAMPA, FL 33624 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3001 E. Hanna Ave TAMPA, FL 33610 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JACKSON, SIMONE 10743 GLEN ELLEN DR TAMPA, FL 33624 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3001 E. Hanna Ave TAMPA, FL 33610 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800080825318 10/12/06--01034--016 **122.50 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: | | | STEPHEN N. JACKSON | | DATE: 10/12/06 DAYTIME PHONE: 813-251-2701 |