

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000002894

FILED
Nov 02, 2009
Secretary of State

Entity Name: THE ONE STOP VISION CENTER FOR THE SPECIAL POPULATION, INC.

Current Principal Place of Business:

3001 EAST HANNA AVE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

PO BOX 15186
TAMPA, FL 33684

New Mailing Address:

FEI Number: 59-3638418 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JACKSON, STEPHEN N
3001 EAST HANNA AVE
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

JACKSON, STEPHEN N
10743 GLEN ELLEN DRIVE
TAMPA, FL 33624 US

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.

SIGNATURE: STEPHEN N. JACKSON

11/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACKSON, STEPHEN N
Address: 3001 EAST HANNA AVE
City-St-Zip: TAMPA, FL 33610

Title: T () Delete
Name: JACKSON, ELIZABETH
Address: 3001 EAST HANNA AVE
City-St-Zip: TAMPA, FL 33610

Title: T () Delete
Name: JACKSON, STEPHANIE
Address: 3001 EAST HANNA AVE
City-St-Zip: TAMPA, FL 33610

Title: T () Delete
Name: JACKSON, SIMONE
Address: 3001 EAST HANNA AVE
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JACKSON, STEPHEN N
Address: 10743 GLEN ELLEN DRIVE
City-St-Zip: TAMPA, FL 33624

Title: T (X) Change () Addition
Name: JACKSON, ELIZABETH
Address: 10743 GLEN ELLEN DRIVE
City-St-Zip: TAMPA, FL 33624

Title: T (X) Change () Addition
Name: JACKSON, STEPHANIE
Address: 10743 GLEN ELLEN DRIVE
City-St-Zip: TAMPA, FL 33624

Title: T (X) Change () Addition
Name: JACKSON, SIMONE
Address: 10743 GLEN ELLEN DRIVE
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN N. JACKSON

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11/02/2009

Electronic Signature of Signing Officer or Director

Date