

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -9 AM 8:00

DOCUMENT # PD1000093440

1. Corporation Name

Instant Optical, Inc.

**REINSTATEMENT**

02-04  
MRD

880028593618

3/1/04 01044 016 \* 1,058.75

2. Principal Office Address  
8541 Bolton Avenue

3. Mailing Office Address  
PO Box 531404

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hudson Florida

City & State

St Petersburg Florida

Zip  
34667

Country  
USA

Zip  
33747

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

September 21, 2001

5. FEI Number  
59-3746081

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Douglas Fathers

Street Address (P.O. Box Number is Not Acceptable)

~~PO Box 531404~~ 8541 Bolton Avenue

Suite, Apt. #, Etc.

City  
~~St Petersburg FL~~ Hudson

State  
FL

Zip Code  
33747

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

**DOUGLAS FATHERS**

Date 2/25/2004

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	George Kohan	116139 Chief Drive, Box 7	Hudson FL 34667
P	Douglas Fathers	6250 Kipps Colony Ct	Gulfport FL 33701
VP	Peter J. Markham	12945 Hialeah Avenue	New Port Richey FL 34654
D	John Lux	706 N. Glenwood Avenue	Clearwater FL 33755

10. 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]*

**DOUGLAS FATHERS**  
**PRESIDENT / DIRECTOR**

Date 2/25/2004

727-415-3554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

per Douglas Fathers  
3/17/04

CR2E081 (01/04)