

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

UNITED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

The Optical Spot, Inc.

W09-22070

2. Principal Office Address - No P.O. Box #
1886 NW 97th Ave

3. Mailing Office Address
1886 NW 97th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Plantation, FL

Plantation, FL

Zip

Country

33322

Broward

Zip

Country

33322

Broward

7. Name and Address of Current Registered Agent

Name
Dov Ohayon

Street Address (P.O. Box Number is Not Acceptable)
1886 NW 97th Ave

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
322

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

REGISTERED AGENT MUST SIGN

Date _____

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
P	Dov Ohayon	1886 NW 97th Ave	Plantation, FL 33322
			<div data-bbox="919 1520 1455 1554"> <div>05/21/09 01004 017 **1050.00</div> <div>600156263896</div> <div>05/21/09 01004 017 **1050.00</div> </div>

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

(954) 261-3911

Daytime Phone #

**The Optical Spot, Inc.
1886 NW 97th Ave
Plantation, FL 33322**

April 30, 2009

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please be advised that I never received my year UBR renewal form for 2003 for my Corporation, The Optical Spot, Inc. As a result I did not renew the corporation that year and had forgotten to look into the matter in the following years.

As per the instructions that I received when calling your office in reference to this matter, I have enclosed a Corporation Reinstatement Form that I have filled out along with a check to cover the filing fees for my corporation for 2003 until 2009.

Please accept the enclosed report and payment of \$ 1050.00 (\$ 150.00 per year for 7 years) in full satisfaction of my filing requirements.

Thank you in advance for taking care of this situation.

Sincerely,

Dov Ohayon
President