

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000016779

FILED
Nov 04, 2004
Secretary of State

Entity Name: EYE CARE DISTRIBUTORS INT'L, INC.

Current Principal Place of Business:

10769 OAK LAKE WAY
SUITE 100
BOCA RATON, FL 33498

New Principal Place of Business:

Current Mailing Address:

10769 OAK LAKE WAY
SUITE 100
BOCA RATON, FL 33498

New Mailing Address:

FEI Number: 65-0826210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATLANTIS REGISTERED AGENTS, INC,
621 NW 53RD STREET #365
BOCA RATON,, FL 33487 US

Name and Address of New Registered Agent:

LOVELL, JEFF T PRES.
10769 OAK LAKE WAY
BOCA RATON,, FL 33498 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: JEFF T. LOVELL

11/04/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: LOVELL, JEFF T PRES.
Address: 10769 OAK LAKE WAY
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF T. LOVELL

PRES

11/04/2004

Electronic Signature of Signing Officer or Director

Date