

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000043667

1. Entity Name
LIFESTYLE OPTICAL CENTER, INC.



FILED

05 OCT 14 PM 7:43

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business
1680 ST LUCIE WEST BLVD
STE 101
PORT SAINT LUCIE, FL 34986

Mailing Address
1680 ST LUCIE WEST BLVD
STE 101
PORT SAINT LUCIE, FL 34986

2. Principal Place of Business
1680 SW ST. LUCIE WEST BLVD

3. Mailing Address
1680 SW ST. LUCIE WEST BLVD

Suite, Apt. #, etc.
STE 101

Suite, Apt. #, etc.
STE 101

City & State
PORT ST. LUCIE, FL

City & State
PORT ST. LUCIE, FL

Zip
34986

Country
USA

Zip
34986

Country
USA



10102005 REIN-P CR2E098 (6/04) 2005 WOP

4. FEI Number
90-0083762

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORNER, CRAIG S
370 9TH CT
VERO BCH, FL 32962

7. Name and Address of New Registered Agent

Name HORNER, CRAIG S.
Street Address (P.O. Box Number is Not Acceptable)
1680 SW ST. LUCIE WEST BLVD.
STE 101
City PORT ST. LUCIE FL Zip Code 34986

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 *CRAIG S HORNER, PRESIDENT* 10/10/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME HORNER, CRAIG S
STREET ADDRESS 370 9TH CT
CITY-ST-ZIP VERO BCH, FL 32962 ☐ Delete

TITLE DV
NAME HUDGINS, LEE H
STREET ADDRESS 1890 11TH PL
CITY-ST-ZIP VERO BCH, FL 32960 ☐ Delete

TITLE DST
NAME WRIGHT, JASON A
STREET ADDRESS 5790 SEMINOLE RD
CITY-ST-ZIP FT PIERCE, FL 34951 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300060631733
10/14/05--01064--024 ***150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *CRAIG S. HORNER, PRESIDENT* 10/10/05 772-873-6790
Signature and typed or printed name of signing officer or director Date Daytime Phone #