

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT -2 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # POS 0000 53107

1. Corporation Name
Precision optics INC.

2. Principal Office Address - No P.O. Box #
255 N. University dr.

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pembroke Pines

City & State

Zip 33024 Country USA

Zip Country

REINSTATEMENT 06-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 4/11/2005

5. FEI Number 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 John Miracola III

Street Address (P.O. Box Number is Not Acceptable)
255 N. University dr.

Suite, Apt. #, Etc.

City P. Pines

State FL Zip Code 33024

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.

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]

Date 9/25/07

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
Pres.	John Miracola	255 N. University dr. P. Pines FL 33024	

300110173749
10/03/07--01020--019 **300.00

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] John Miracola

Date 9/25/07 Daytime Phone # 954-987-2421