2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 15, 2009
Secretary of State

DOCUMENT# P08000080876

Entity Name: MERS OPTICAL CORPORATION

Current Principal Place of Business:

5372 W. 16TH AVE.
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

5372 W. 16TH AVE.
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 26-3285641 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIQUEZ, MCDONALD
16839 SW 1ST MANOR
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

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: MCDONALD DIQUEZ

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: PD ( ) Delete
Name: DIQUEZ, MCDONALD
Address: 16839 SW 1ST MANOR
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: VD ( ) Delete
Name: DA COSTA, EKER
Address: 16839 SW 1ST MANOR
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: SD ( ) Delete
Name: CASTRO DE DIQUEZ, ROSABEL
Address: 16839 SW 1ST MANOR
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: T ( ) Delete
Name: SALAS, SAMUEL EDUARDO
Address: 16839 SW 1ST MANOR
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: D (X) Delete
Name: SALAS, SAMUEL EDUARDO
Address: 16839 SW 1ST MANOR
City-St-Zip: PEMBROKE PINES, FL 33027 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: CASTRO DE DIQUEZ, ROSABEL
Address: 16839 SW 1ST MANOR
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: SD (X) Change ( ) Addition
Name: SALAS, SAMUEL EDUARDO
Address: 16839 SW 1ST MANOR
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MCDONALD DIQUEZ PD 11/15/2009

Electronic Signature of Signing Officer or Director Date