PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** FILED Sandra B. Mortham FOR Secretary of State 00 FEB 17 AM 10: 30 REINSTATEMENT DIVISION OF CORPORATIONS SEGRETARY OF STATE DOCUMENT # P28563 1. Corporation Name Hakim Optical Laboratory Limited Corporation Mailing Address Principal Place of Business 128 Hazelton Avenue Same as principal Toronto, Ontario Canada M5R 2E5 place of business HEINSTATEMEN If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified To Do Business in Florida 3/21/90 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 73-7892730 Not Applicable City & State \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED Zip for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) and/or Directors PD Karim Hakimi 128 Kazelton Avenue Toronto, Ontario Canada <del>79000314530</del>7 -02/23/00--011**0**3--014 \*\*\*\*900.00 \*\*\*\*900.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name Adele I. Stone, Esquire Street Address (P.O. Box Number is Not Acceptable) Atkinson, Diner, Stone, Mankuta & Ploucha, P.A. Suite, Apt. #, Etc. 1946 Tyler Street Hollywood, Elorida 33020 Zip Code State City boxe named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the 00 Signature of Registered Agent Date REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30.

12. 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 under section 119.07(3)(i), 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.

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JRE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

Karımi Hakimi President