

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000007211

1. Entity Name  
VISIONWORKS, INC.



FILED

2007 NOV -5 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O EYE CARE CTRS OF AMERICA, ACCTS PAY  
11103 WEST AVENUE  
SAN ANTONIO, TX 78213 US

Mailing Address  
11103 WEST AVE  
SAN ANTONIO, TX 78213 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10112007

REIN-P

CR2E098 (1/07)

4. FEI Number  
59-3226331

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Bayle Wundt Asst Sec*

10-16-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
MCCOMAS, DAVID E  
11103 WEST AVE  
SAN ANTONIO, TX 78213 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEC  
SHEPARD, DOUG  
11103 WEST AVE  
SAN ANTONIO, TX 78213 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ASEC  
KELLEY, JENNIFER  
11103 WEST AVE  
SAN ANTONIO, TX 78213 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SRVP  
SARDUY, MANNY  
11103 WEST AVENUE  
SAN ANTONIO, TX 78213 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COOP  
DENNY, JIM  
11103 WEST AVENUE  
SAN ANTONIO, TX 78213 ☐ 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  
200112011572  
11/05/07--01058--007 \*\*758.75

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  
SRVP  
CARROLL, JAMES E.  
11103 WEST AVENUE  
SAN ANTONIO, TX 78213 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/07  
Date

210-524-6514  
Daytime Phone #

11/5a