PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN 18 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000064717

1. Corporation Name: AMERICAN LENS CORPORATION
14350 NE 6th AVE.
N. MIAMI, FL 33161

Principal Place of Business / Mailing Address:
14350 NE 6th AVE
N. MIAMI, FL 33161

REINSTATEMENT 96-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: AUG 21, 1995

5. FEI Number: 65-0602320 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	HAZEL O. LEWIS	14350 NE 6th AVE	N MIAMI FL 33161

900002566409--6
-06/19/98--01108--027
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent
AMERI LAWYER
343 Almeria Avenue
Coral Gables, FL 33134

9. Name and Address of New Registered Agent
Name: HAZEL LEWIS
Street Address (P.O. Box Number is Not Acceptable): 14350 NE 6th AVE
Suite, Apt. #, Etc.
City: N. MIAMI | State: FL | Zip Code: 33161

10. I, being appointed the registered agent of the above corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN | Date: 6-16-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

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.

SIGNATURE: [signature] SIGNATURE AND TITLE | HAZEL LEWIS PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | 6/16/98 Date | 305-947-6001 Daytime Phone #

CR2E040 (1-98)