

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P96000039760

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1. Corporation Name

GRAND OPTICAL OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
2901 CLINT MOORE DR #156 BOCA RATON FL 33496	2901 CLINT MOORE DR #156 BOCA RATON FL 33496

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

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

4. Date Incorporated or Qualified To Do Business in Florida	05/03/1996
5. FEI Number	65-0664312
<input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FRIDMAN, RUBEN C	5496 NW 41ST TERRACE	BOCA RATON FL 33496
		2901 clint Moore Rd	200003446842--9
		#156	-11/01/00--01051--014
		Boca Raton, FL	***150.00 ***150.00
			FL. 33496
			10/27

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FRIDMAN, ESTHER 5496 NW 41ST TERRACE BOCA RATON FL 33496		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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

Signature of Registered Agent Esther B. Fridman Date 10-12-00

REGISTERED AGENT MUST SIGN

11. 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: Esther B. Fridman Date 10-12-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **Grand Optical of South Florida, Inc.**

2901 Clint Moore Rd PMB #156  
Boca Raton, Fl. 33496-2041.  
Ph (561)496-6906 Fax (561)496-5469

October 16, 2000

State of Florida  
Department of State  
Division of Corporations  
Annual Report Reinstatement  
P.O. Box 6327  
Tallahassee, FL 32314-6327.

Re: Corporation name:  
Grand Optical of South Florida, Inc.

Document #: P96000039760


Gentlemen:

Between the period of March thru July 2000 we were relying on a mail forwarder, it has come to our attention that numerous items were misplaced and never forwarded unfortunately.

We believe that correspondence belonging to us was misplaced and never received by our Company.

Enclosed is our check for \$150.00 for reinstatement we apologize for any inconvenience.

Sincerely,

  
Esther B. Fridman  
Registered Agent