

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

06 OCT 25 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000041120

1. Corporation Name

LIFESTYLE OPTICAL, INC.

2. Principal Office Address

89 Royal Palm Blvd.

Suite, Apt. #, etc.

City & State

Vero Beach, FL 32960

Zip

32960

Country

USA

3. Mailing Office Address

89 Royal Palm Blvd.

Suite, Apt. #, etc.

City & State

→

Zip

Country

REINSTATEMENT

04-06 DSC

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/96

5. FEI Number

65-0668646

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LEE H. HUDGINS

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

1890 11TH PLACE

Suite, Apt. #, Etc.

City

VERO BEACH

State
FL

Zip Code

32960

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Lee H. Hudgins

REGISTERED AGENT MUST SIGN

Date 10/17/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	LEE H. HUDGINS	1890 11TH PLACE	VERO BEACH, FL 32960
VSD	JOSEPH A. TESTA	930 45TH AVENUE	VERO BEACH, FL 32960
D	MARIANNE M. HUDGINS	1890 11TH PLACE	VERO BEACH, FL 32960
D	IRENE V. TESTA	930 45TH AVENUE	VERO BEACH, FL 32960

10. 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 contained in Chapter 119, 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:

Lee H. Hudgins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/06 772-567-0707

Date

Daytime Phone #