2007 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

DOCUMENT # P96000041120 FILED LIFESTYLE OPTICAL, INC. 07 DEC 24 PM 1: 17 Principal Place of Business Mailing Address SECRETARY OF STATE 89 ROYAL PALM BLVD 89 ROYAL PALM BLVD TALLAHASSEE, FLORIDA VERO BEACH, FL 32960 IIS VERO BEACH, FL 32960 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 12182007 REIN-P CR2E098 (1/07) City & State City & State 4. FEI Number Applied For 65-0668646 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired M Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUDGINS, LEE H 1890 11TH PLACE Street Address (P.O. Box Number is Not Acceptable) VERO BEACH, FL 32960 City 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 12/20/07 Lee H. Hudgins, President SIGNATURE gent and title if applicable FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. 300113376203 12/24/07--01052--016 **75 PTD Delete TITLE MILE HUDGINS, LEE H NAME NAME STREET ADDRESS **1890 11TH PLACE** STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP VSD Delete TITLE ☐ Change ■ Addition TITLE TESTA, JOSEPH A NAME NAME 930 45TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP VERO BEACH, FL 32960 Delete TITLE ☐ Change ☐ Addition TITLE HUDGINS, MARIANNE M NAME 1890 11TH PLACE STREET ADDRESS STREET ADDRESS VERO BEACH, FL 32960 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TIFLE TITLE TESTA, IRENE V NAME NAME STREET ADDRESS STREET ADDRESS 930 45TH AVENUE CTY-ST-ZIP CTTY-ST-ZIP VERO BEACH, FL 32960 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition MTI E NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

HE OF SIGNING OFFICER OR DIRECTOR

12/20/07

Lee H. Hudgins, Pres.

567-0707

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DAVID F. ALBRECHT

Professional Association

ATTORNEY AND COUNSELOR AT LAW

2012 TWENTY-EIGHTH AVENUE

ALBRECHTATTORNEYFLA.COM

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December 20, 2007

CM#7004 1350 0003 2093 2146 RETURN RECEIPT REQUESTED

Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: Reinstatement of Lifestyle Optical, Inc.

Gentlemen:

Enclosed you will find the 2007 For Profit Corporation Reinstatement for Lifestyle Optical, Inc., together with their check in the amount of \$758.75, for the reinstatement fee of \$750.00 and \$8.75 for the issuance of a Certificate of Status.

Please process the reinstatement as expeditiously as possible. By copy hereof to Lee Hudgins, President of Lifestyle Optical, I am advising him of your policy of mailing the Certificate of Status directly to the Corporation's office, and requesting that he notify me immediately upon its receipt.

Thank you for your time and consideration.

Sincerely,

David F. Albrecht

dmt

enclosures

cc: Lee H. Hudgins