

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 DEC 12 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000041120

**1. Corporation Name**

LIFESTYLE OPTICAL, INC.

**2. Principal Office Address**

80 ROYAL PALM POINTE

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip

32960

Country

US

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/08/1996

**5. FEJ Number**

65-0668646

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

900025028489  
12/12/03--01068--008 \*\*\*450.00  
7/16/02 90373 012 150.00  
900025028489  
11/25/03--01038--004 \*\*\*300.00

**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, FL

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

REGISTERED AGENT MUST SIGN

Date

**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
VPD	JOSEPH A 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-20-03

772-562-0201

CR2E081 (10/02)