

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED
01 APR 26 AM 11:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P96000084287**
1. Corporation Name
COMBINE OPTICAL MANAGEMENT CORP.

2. Principal Office Address
7940 NORTH FEDERAL HIGHWAY

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON FL

City & State

Zip
33487 Country
USA

Zip Country

900004191709-8
-05/09/01-01124-015
****900.00 ****900.00

4. Date Incorporated or Qualified To Do Business in Florida
10/11/1996

5. FEI Number
11-2663806

6. CERTIFICATE OF STATUS DESIRED Additional Certificate for a certificate of status.

7. Name and Address of Current Registered Agent

Name
NEIL GLACHMAN

Street Address (P.O. Box Number is Not Acceptable)
7940 NORTH FEDERAL HIGHWAY

Suite, Apt. #, Etc.

City
BOCA RATON

State
FL

Zip Code
33487

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 817.0603, F.S.

Signature of Registered Agent
X [Signature] Date
4/24/01

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	NEIL GLACHMAN	7940 NORTH FEDERAL HIGHWAY	BOCA RATON FL 33487

REINSTATEMENT 2000-01
[Signature]

10. I hereby certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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: **X [Signature]** Date
4/24/01 Daytime Phone #
5617506633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CREC01 (9/99)