

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000060981

**FILED**  
**Sep 28, 2010**  
**Secretary of State**

**Entity Name:** ADVANCED VISION CARE, INC.

**Current Principal Place of Business:**

2873 STIRLING ROAD  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

2873 STIRLING ROAD  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 65-0933654

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CUKIERMAN, AMIR  
2873 STIRLING ROAD  
FORT LAUDERDALE, FL 33312 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** AMIR CUKIERMAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** CUKIERMAN, AMIR  
**Address:** 2873 STIRLING ROAD  
**City-St-Zip:** FORT LAUDERDALE, FL 33312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** AMIR CUKIERMAN

D

09/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date