PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS PORTINED FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR CA Secretary of State 1998 FEB -4 PM 1: 19 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE. FLORIDA S13834 DOCUMENT # 1. Corporation Name EYE WISE OPTICAL, INC. Principal Place of Business Mailing Address 1543-S. HIGHLAND AVE. - 1543 S. HIGHLAND AVE. CLEARWATER FL-84018 CLEARWATER FL 34018 US If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business In Florida 11/16/1990 5. FEI Number Applied For 59-3040113 Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) City / State / Zip WEBER, JAMES H. 221-ORANGEWOOD AVE CLEARWATER FL 3172 Green Acres Ave LARGO FL 33771 221 ORANGEWOOD AVE ST WEBER, NANCY CLEARWATER FL 3172 Green Acres Ave LARGO FL 23771 CF0 LONGWITH, RHONDA S. 716 N. PARISH PL **BURBANK CA** ****900.00 REINSTATE 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent WEBER, JAMES H. 221 ORANGEWOOD AVE. CLEARWATER FL 34615 State | Zip Code CHORALDA 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 10-27-97 11. This corporation owes or has paid the current year (See other side for Information on intangible tax.) Intangible Personal Property tax due June 30. Yes 12. 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 regulrements 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.

must be Willer - James H. Weber

SIGNATURE: