

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S21881

1. Corporation Name

ADVANTAGE OPTICS INC

FILED

03 JUL 14 AM 9:47

SECRETARY OF STATE
FLORIDA
07/14/03--01074--005 **000.75

2. Principal Office Address

9535 SAN VITTORE ST

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

Zip

33467

Country

USA

3. Mailing Office Address

9535 SAN VITTORE ST

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33467

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1990

5. FEI Number

65-0239190

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ARTHUR JACOBY

Street Address (P.O. Box Number is Not Acceptable)

11020 VIA LUCCA

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33437

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

Arthur Jacoby

Date 7/8/03

REGISTERED AGENT MUST SIGN

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
Pres	RICHARD Scherer	9535 SAN VITTORE ST	LAKE WORTH, FL. 33467
v/p	LAURIE Scherer	9535 SAN VITTORE ST	LAKE WORTH FL, 33467

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:

Richard Scherer

RICHARD Scherer 7/8/03

Date

954-673-3772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (10/02)