

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S44465

FILED  
Jul 14, 2010  
Secretary of State

**Entity Name:** MANDARIN EYECARE ASSOCIATES, INC.

**Current Principal Place of Business:**

11111-44 SAN JOSE BLVD.  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

11111-44 SAN JOSE BLVD.  
JACKSONVILLE, FL 32223

**New Mailing Address:**

FEI Number: 59-3113707      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

HATHY, SAMUEL O.D.  
1367 MALLARD LANDING BLVD.  
JACKSONVILLE, FL 32259    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: GARY A. HATHY

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HATHY, SAMUEL O.D.  
Address: 1367 MALLARD LANDING BLVD.  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D  
Name: HATHY, GARY  
Address: 835 COUNTRY LN.  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D  
Name: HATHY, LARRY  
Address: 2737 HILLVIEW ST.  
City-St-Zip: SARASOTA, FL 34239

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: GARY A. HATHY

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

VP

07/14/2010

\_\_\_\_\_  
Date