

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



FILED
96 NOV 12 PM 3: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S74462**

1. Corporation Name
OPTICAL ILLUMINATIONS, INC.

Principal Place of Business: **2500 S WASHINGTON AVE TITUSVILLE FL 32780**
Mailing Address: **2500 S WASHINGTON AVE TITUSVILLE FL 32780**



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 1706 ST. RD 44		3. New Mailing Office Address, if Applicable SAME		4. Date Incorporated or Qualified To Do Business in Florida 08/16/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3084786	
City & State NEW SMYRNA BCH, FL		City & State		Applied For Not Applicable	
Zip 32168	Country USA	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
	HUCKELBY, TINA G	3410 VISTA PALM RR ST RD 100 W.	EDGEWATER FL BUNNELL, FL 32110
			400002006024--6 -11/15/96--01072--007 ****175.00 ****175.00
			400002006024--6 -11/15/96--01072--008 ****200.00 ****200.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HUCKELBY, TINA G 3410 VISTA PALM EDGEWATER FL 32141 RT 100 W. BUNNELL, FL 32110		Name N/A Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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: **Tina G Huckelby** REGISTERED AGENT MUST SIGN
Date: **9-30-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

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 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)(l), 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: **Tina G Huckelby** President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **9-30-96** Daytime Phone #: **904-427-2020**

CR 25040 (7/94)