

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JUL 11 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 602133

1. Corporation Name
R. TIMOTHY CARTER, O.D., P.A.

2. Principal Office Address - No P.O. Box #
2020 Kingsley Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orange Park, FL

City & State

Zip Country
32073 USA

Zip Country

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida 06/03/1970

5. FEI Number 591308264 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
R. Timothy Carter

Street Address (P.O. Box Number is Not Acceptable)
2020 Kingsley Avenue

Suite, Apt. #, Etc.

City State Zip Code
Orange Park FL 32073

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 R. Timothy Carter Date July 9, 2008
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
PD	R. Timothy Carter	2020 Kingsley Avenue	Orange Park, FL 32073
D	R. Gordon Carter	2020 Kingsley Avenue	Orange Park, FL 32073
	RH		
			600132998906 07/15/08--0005--024 **1800.00
	REINSTATEMENT		

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 contained in Chapter 119, 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: R. Timothy Carter Date 7-9-2008 (904) 708-2019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #