

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB -7 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000004647

1. Corporation Name

LASIK PRO, P.A.

Principal Place of Business

Mailing Address

121 W. UNDERWOOD ST.  
ORLANDO FL 32806-1111

121 W. UNDERWOOD ST.  
ORLANDO FL 32806-1111



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

4. Date Incorporated or Qualified To Do Business in Florida

01/14/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3619148

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
D	BOODRAM, KRANSTON O.D.	121 W. UNDERWOOD ST.	ORLANDO FL 32806
D	DEN BESTE, BRIAN P O.D.	121 W. UNDERWOOD ST.	ORLANDO FL 32806
D	MAGRUDER, G. BROCK JR OD	121 W. UNDERWOOD ST.	ORLANDO FL 32806

600009505886  
12/13/02--01056--010 \*\*150.00  
600009505886  
02/18/03--01053--022 \*\*150.00

8. Name and Address of Current Registered Agent

DEN BESTE, BRIAN P O.D.  
121 W. UNDERWOOD ST.  
ORLANDO FL 32806-1111

9. Name and Address of New Registered Agent

Name

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

1-31-03

11. 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: *[Signature]*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-9-02

Date

Daytime Phone #

CR2E040 (9/02)