

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

01 OCT 17 PM 6:31

DOCUMENT # P00000107262

1. Corporation Name

CORNEA & REFRACTIVE CONSULTANTS OF THE PALM BEACHES, P.A.

Principal Place of Business

Mailing Address

2000 PGA BLVD., STE. 5505 PALM BEACH GARDENS FL 33408

2000 PGA BLVD., STE. 5505 PALM BEACH GARDENS FL 33408



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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/16/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1062992

Not Applicable

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for SALINGER, CLIFFORD MD at 10294 ALLAMANDA BLVD, 162 Oakwood Lane, PALM BEACH GARDENS FL 33410.

300004661359--3 10/31/01-01064-020 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SALINGER, CLIFFORD M.D. 2000 PGA BLVD., STE. 5505 PALM BEACH GARDENS FL 33408

Name

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

Suite, Apt. #, Etc.

City

State FL

Zip Code

AD

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

Handwritten signature and 'REGISTERED AGENT MUST SIGN' stamp

Date

10/15/01

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)(f), 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:

Handwritten signature and 'REGISTERED AGENT MUST SIGN' stamp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/01

(561) 624-7878

Daytime Phone #

CPRE040 (8/01)