

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

9/12/2

APPLICATION
FOR
REINSTATEMENT



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

00 OCT 26 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S57295

1. Corporation Name

ADVANCED EYECARE LASER CENTERS, P.A.

Principal Place of Business

1050 W GRANADA BLVD. STE 2
ORMOND BEACH FL 32174

Mailing Address

1050 W GRANADA BLVD. STE 2
ORMOND BEACH FL 32174



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

05/31/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3068710

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED 1

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
DPT	TITONE, CHARLES W.	35 TWIN RIVERS DR	ORMOND BEACH FL

80003464968--3
-11/15/00--01108--001
****150.00 ****150.00

8. Name and Address of Current Registered Agent

PERKINS, TERENCE R.
444 SEABREEZE BLVD
SUITE 900
DAYTONA BEACH FL 32118

9. Name and Address of New Registered Agent

Name
Charles W Titone
Street Address (P.O. Box Number is Not Acceptable)
158 Seahawk Dr
Suite, Apt. #, Etc.
Daytona
City
Daytona Beach
State
FL
Zip Code
32119

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/14/00
10/14/00

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 taxes 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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles W Titone MD

10/14/00
10/14/00

904 677-4700
Daytime Phone #

PG 2 of 2

October 17, 2000

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

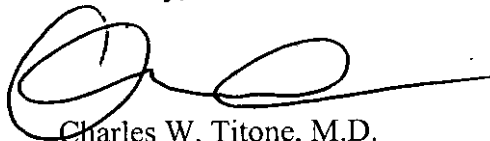
RE: Advanced Eyecare Laser Centers, P.A.
F.E.I. #: 59-3068710

To Whom It May Concern:

We recently received a Second Notice to file our 2000 Uniform Business Report, which now includes the \$600 late-filing fee. While **we will promptly pay the \$150**, we request abatement of the extra \$600. Advanced Eyecare Laser Centers, P.A., never received a First Notice to file a 2000 Uniform Business Report. Therefore, we request that the \$600 fee be removed.

Thank you for your consideration.

Sincerely,



Charles W. Titone, M.D.
President, Advanced Eyecare Laser Centers, P.A.