PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR ~~REINSTATEMENT~~

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

APPROVED AND FILED

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	Mailing Address
1050 W GRANADA BLVD. STE 2 ORMOND BEACH FL 32174	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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/31/1991

5. FEI Number: 59-3068710 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

800003464968--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.: ~~Beach~~
City: Daytona Beach ~~B~~ 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] Date: 10/14/00

REGISTERED AGENT MUST SIGN

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)(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] 10/14/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles W Titone MD

Date: 10/14/00 Daytime Phone #: 904 677-4700

0000224

MAR 30'03 5:52 No.002 P.01 ID:

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.