

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV - 1 AM 9:58

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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 ☐

\$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
DPT	TITONE, CHARLES W.	35 TWIN RIVERS DR 814 Lakeland Drive	ORMOND BEACH FL Port Orange, FL 32127

100008755821
11/01/02--01044--002 **150.00

8. Name and Address of Current Registered Agent

TITONE, CHARLES W
158 SEAHAWK DR.
DAYTONA BEACH FL 32119

9. Name and Address of New Registered Agent

Name

Titone, Charles W.

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

814 Lakeland Drive

Suite, Apt. #, Etc.

City

Port Orange, FL

State

FL

Zip Code

32127

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/28/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/02

Daytime Phone #

CR2E040 (8/02)

October 23, 2002

To: Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida. 32314

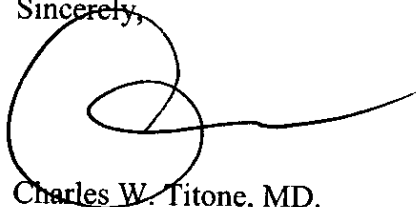
Re. Advanced Eyecare Laser Centers, P.A.
F.E.I. #: 59-30608710

To Whom It May Concern:

We recently received a notice to file our 2001 Uniform Business report, which now includes the \$600.00 late-filing/reinstatement fee. While we will promptly pay the \$150.00, we request abatement of the extra \$600.00. Advanced Eyecare Laser Centers, P.A., never received a preprinted 2001 Uniform Business report. Therefore we request that the \$600.00 fee be removed.

Thank you for your consideration,

Sincerely,

A handwritten signature in black ink, consisting of a large, stylized 'C' followed by a horizontal line extending to the right.

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