

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 22 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H99544

1. Corporation Name

TRI COUNTY EYE ASSOCIATES, P.A.

2. Principal Office Address - No P.O. Box #

25 DELTONA BLVD

Suite, Apt. #, etc.

SUITE 1

City & State

ST AUGUSTINE, FL

Zip

32086

Country

USA

3. Mailing Office Address

25 DELTONA BLVD

Suite, Apt. #, etc.

SUITE 1

City & State

ST AUGUSTINE, FL

Zip

32086

Country

USA

700168343617
02/09/10--01025--004 **300.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

2/17/1986

5. FEI Number
59-2630204

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MILES, HENRY E.

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

25 DELTONA BLVD

Suite, Apt. #, Etc.

SUITE 1

City

ST AUGUSTINE,

State

FL

Zip Code

32086

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

700168343617
02/22/10--01061--001 **158.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 2/5/10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	MILES, HENRY E.	25 DELTONA BLVD #1	ST AUGUSTINE, FL 32086
CP	MILES, DAVID E.	25 DELTONA BLVD #1	ST AUTUSTINE, FL 32086

10. E-mail Address: N/A

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/10

904-797-5760

Daytime Phone #