


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **457094**

1. Corporation Name

ARTHUR A. BARLIS, M.D., P.A.

Principal Place of Business

Mailing Address

601 MAIN ST
MEASE MEDICAL ARTS
DUNEDIN F 34698
US

601 MAIN STREET
MEASE MEDICAL ARTS
DUNEDIN FL 34698
US

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

07/17/1974

5. FEI Number

59-1552344

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	BARLIS, ARTHUR A	2080 MUIRFIELD WAY	OLDSMAR FL 34677
VP	BARLIS, BETTYE	2080 MUIRFIELD WAY	OLDSMAR FL 34677

000004671760--9
-11/08/01--01011--002
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Same

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

Suite, Apt. #, Etc.

City

State

Zip Code

BARLIS, ARTHUR A
2080 MUIRFIELD WAY
OLDSMAR FL 34677

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

Arthur A. Barlis

REGISTERED AGENT MUST SIGN

Date

10/16/01

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)(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:

Bettye M. Barlis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/01

321-772-7055

CR2040 (8/01)



Barlis Cataract and Eye Care Center

ARTHUR A. BARLIS, M.D., MEDICAL DIRECTOR

OPHTHALMOLOGY

MEASE MEDICAL ARTS BLDG., 3RD FLOOR

601 MAIN ST.

DUNEDIN, FLORIDA 34698

TELEPHONE: (813) 734-6593

*I am enclosing \$150 as per talking to
your office. I mailed the application. It
obviously didn't get to you.*

*Thank you
Barlis M. Barlis
Administrator*