

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV 29 PM 5:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 460170

1. Corporation Name

CHILDREN'S EYE CLINIC, GIACOMO S. GUGGINO, M.D., P.A.

Principal Place of Business

Mailing Address

3115 SWANN AVE  
 TAMPA FL 33609  
 US

3115 SWANN AVE.  
 TAMPA FL 33609  
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

*Handwritten initials*

REINSTATEMENT 1999

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/26/1974	
City & State		City & State		5. FEI Number	
Zip		Country		59-1609407	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
PTD	GUGGINO, GIACOMO S., M.D.	3115 SWANN AVE	TAMPA FL
			600003071366--7 -12/15/99--01076--001 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GUGGINO, GIACOMO S. MD. 3115 SWANN AVE. TAMPA FL 33609		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: *Giuseppe S. Guggino* Date: *Oct-22-1999*

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: *Giuseppe S. Guggino* Date: *Oct. 22, 1999*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR22040 (8/99)