

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 13 AM 11:28

DOCUMENT # **602994**

1. Corporation Name

**BREVARD EYE ASSOCIATES., - B. CARLTON LYNN, M.D.
, P.A.**

Principal Place of Business

Mailing Address

1264 S. U.S. #1
BREVARD PROFESSIONAL CENTER
ROCKLEDGE FL 32955

1264 S. U.S. #1
BREVARD PROFESSIONAL CENTER
ROCKLEDGE FL 32955



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

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/1971

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1356213

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDV	LYNN CARLTON B	1352 GLENEAGLES WAY	ROCKLEDGE FL

600023752066
10/13/03--01073--025 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LYNN CARLTON B --
1352 GLENEAGLES WAY
ROCKLEDGE FL 32955

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]
REGISTERED AGENT MUST SIGN

Date 10/6/03

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/03
Date

321 636 2722
Daytime Phone #

CR2ED40 (7/03)

Brevard Eye Associates

B. Carlton Lynn, Jr., M. D.

Brevard Professional Center

1264 U. S. #1

Rockledge, Florida 32955

Phone 636-22722

October 8, 2003

Florida Department of State
Glenda E. Hood, Secretary of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

I am sending this application for reinstatement of the corporation Brevard Eye Associates, - B. Carlton Lynn, M.D., P.A, along with the appropriate UBR filing fee and this letter, signed by me, an officer of the corporation, stating that the prior UBR notices were not received. We have been having a problem receiving our mail correctly, as there are several medical offices in this building, but we do not have Suite numbers. We all have the same address. I hope that this problem will be remedied in the near future.

Sincerely yours,



B. Carlton Lynn, M.D.