PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

BREVARD	EYE	ASSÓCIATES.,	- B.	CARLTON I	LYNN,	M.D
, P.A.						

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

Principal Place of Business

Mailing Address

1264 S. U.S. #1

Suite, Apt. #, etc.

City & State

Title(s)

PDV

1. Corporation Name

1264 S. U.S. #1

BREVARD PROFESSIONAL CENTER ROCKLEDGE FL 32955

2. New Principal Office Address, If Applicable

LYNN CARLTON B

Country

Name of Officers

and/or Directors

BREVARD PROFESSIONAL CENTER

3. New Mailing Office Address, If Applicable

Country

1352 GLENEAGLES WAY

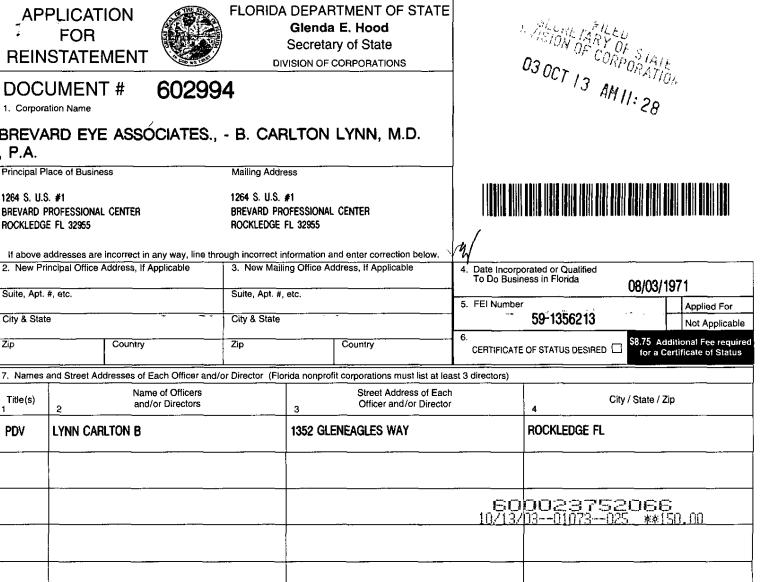
Street Address of Each

Officer and/or Director

ROCKLEDGE FL 32955

Suite, Apt. #, etc.

City & State



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	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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

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 filling 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 afplication is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03 3216362722

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.