APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 17 AM 10:26

DOCUMENT # 620349

1. Corporation Name

MULTIFOCAL RX LABORATORIES, INC.

Principal Place of Business	Mailing Address
216 Valley Hill Rd. Riverdale, GA 30274	216 Valley Hill Rd. Riverdale, GA 30274

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

REINSTATEMENT 98-00

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: 04/26/1979

5. FEI Number: 59-1951076 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Neil E. Leach	216 Valley Hill Rd.	Riverdale, GA 30274
VP	Glorian K. Leach	216 Valley Hill Rd.	Riverdale, GA 30274
S	Ronald R. Fieldstone	201 Alhambra Circle #601	Coral Gables, FL 33134

5/3/17

8. Name and Address of Current Registered Agent

Ronald R. Fieldstone
200 S. Biscayne Blvd., #2100
Miami, FL 33131

9. Name and Address of New Registered Agent

Name: (NEW ADDRESS FOR REGISTERED AGENT)
Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle, Suite 601
Suite, Apt. #, Etc.:
City: Coral Gables | State: FL | Zip Code: 33134

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: _____ Date: 5/16/00
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: _____ Ronald R. Fieldstone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/00 Date
305-357-5775 Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
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Fax Number : (850)922-4004

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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Fax Number : (305)541-3770

CORPORATION REINSTATEMENT

MULTIFOCAL RX LABORATORIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,050.00