

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 MAR 28 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 657126

1. Corporation Name

GULF COAST VISION CENTER, INC.  
9043 Woodrun Road  
PENSACOLA FL 32514

2. Principal Office Address - No P.O. Box #

9043 Woodrun Road

Suite, Apt. #, etc.

3. Mailing Office Address

9043 Woodrun Road

Suite, Apt. #, etc.

City & State

Pensacola FL

Zip

32514

Country

USA

City & State

Pensacola FL

Zip

32514

Country

USA

REINSTATEMENT 05-08

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

2/26/1980

5. FEI Number

59-1997959

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard Griffin

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

9043 Woodrun Road

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32514

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Richard Griffin*

REGISTERED AGENT MUST SIGN

Date 3-26-08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
SIH	Richard Griffin	9043 Woodrun Drive	Pensacola, FL 32514
SIH	Norace W. Linder	11560 Dueling Oaks	Pensacola FL 32514

600121545186  
03/26/08 - 01040 - 006 \*\*1200.00

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-08

Date

Daytime Phone #

(850) 478-5404

2.4/8