

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 755898

1. Corporation Name

PALM BEACH COUNTY OPTOMETRIC SOCIETY, INC.

Principal Place of Business

1280 W. LANTANA RD.  
LANTANA FL 33462  
US

Mailing Address

8903 GLADES RD  
A1-4  
BOCA RATON FL 33433  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-2471857

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	ERICKSON, TODD	1280 W. LANTANA RD.	LANTANA, FL. 33462
DVP	MAULE, TAMARA	8903 GLADES RD., BAY A1-4	BOCA RATON FL 33433
ST	SCHAFER, JUDI L DR	3239 CLINT MOORE RD, #201	BOCA RATON FL 33496
TR	MORRIS, Rick J	19605 S. 4th Rd 7 #D	BOCA RATON, FL 33498

8. Name and Address of Current Registered Agent

ERICKSON, TODD  
1280 W. LANTANA RD.  
LANTANA FL 33462

9. Name and Address of New Registered Agent

Name: Schaffer Judi  
Street Address (P.O. Box Number is Not Acceptable): 3239 Clint Moore Rd #201  
Suite, Apt. #, etc.: BOCA RATON  
City: Boca Raton State: FL Zip Code: 33496

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

REGISTERED AGENT MUST SIGN

Date 11-09-99

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)(l), 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

Date

Daytime Phone #