

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

Original

APPLICATION
FOR
REINSTATEMENT



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

00 NOV 13 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F73399**

1. Corporation Name

STRONG VISION CENTER, INC.

Principal Place of Business

Mailing Address

2128 JIM REDMAN PKWY
PLANT CITY FL 33568
US

112 BARKFIELD ST
BRANDON FL 33511
US



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

03/24/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2226965

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 |
|---------------|---|--|-------------------------|
| P | STRONG, MARIAN G | 2128 JIM REDMAN PKWY | PLANT CITY FL 33568 |
| | | | |
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| | | | |
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100003487681--2
-12/05/00--01068--004
****150.00 ****150.00

MAN

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STRONG, MARION G.
112 BARKFIELD ST
BRANDON FL 33511

Name *Marian Strong*
Street Address (P.O. Box Number is Not Acceptable)
2128 Jim Redman Pkwy
Suite, Apt. #, Etc.
City *Plant City* State **FL** Zip Code *33564*

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

Marian Strong **SIGNATURE REQUIRED**

Date *11-2-00*

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 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:

Marian Strong **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-00 *813-654-3793*
Date Daytime Phone #

F 73399

Strong **VISION CENTER**
2128 JIM REDMAN PKWY.
PLANT CITY, FL. 33566
813-752-3320

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DIVISION OF CORP.
ANNUAL REPORT/REINSTATEMENT SECTION
P. O. BOX 6327
TALLAHASSEE, FL. 32314-6327

TO WHOM IT MAY CONCERN:

I RECENTLY RECEIVED A NOTIFICATION THAT MY CORP. HAS BEEN DISSOVLED
EFFECTIVE SEPTEMBER 22, 2000.

AFTER CALLING & SPEAKNG TO SOMEONE AT YOUR OFFICE, I WAS ADVISED THAT YOU
HAD PREVIOUSLY SENT OUT 2 NOTICES INFORMING ME IT WAS DUE, HOWEVER, I HAVE
NEVER RECEIVED THESE NOTICES. I HAVE BEEN INCORPORATED FOR THE LAST 23
YEARS, & I DON'T RECALL THIS EVER HAPPENING.

I'M ASKING YOU TO PLEASE, PLEASE TAKE THIS INTO CONSIDERATION & ACCEPT THE
REQUIRED YEARLY FEE OF \$150. & REINSTATE MY CORPORATION. I AM A SMALL
BUSINESS WITH ONLY MYSELF WORKING IN MY OFFICE AT PRESENT & THIS FEE WOULD
PUT A HARDSHIP ON MY BUSINESS & ME AT THIS TIME.

AS I STATED ABOVE I DID NOT RECEIVE THESE NOTICES, FOR WHAT EVER REASON, BUT
IF I WERE THE TYPE OF PERSON THAT WAS PRONE TO PROCRASTINATE IN THESE
MATTERS, IT WOULD REFLECT IN THE PAST 23 YEARS I'VE BEEN INCORPORATED

SINCERELY,

Marian Strong

MARIAN STRONG, PRES.
STRONG VISION CENTER, INC.