PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DOCUMENT#

F89498

1. Corporation Name

ROBINSON'S EYE CARE, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address			. C HARRICA HOU HAND COUR BEAN AND SAND AND LOVE BURN AND AND AND AND AND AND AND AND AND AN		DIT BURTH BIRDE BERKE HAR		
2525 E. HILLSBOROUGH AVENUE 252		2525 E. HILLSBOROUGH AVENUE					
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TAMPA FL 33610 TAMPA FL		33610		Falling NA		(A)	
If above addresses are incorrect in any way, line thro	ough incorrect inf	ormation and e	nter correction below.	HEINS	TATEMENT	\mathcal{O}	
New Principal Office Address, If Applicable New Mail		ng Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07/06/1982 SP			
		# otc					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For		Applied For		
City & State	City & State	City & State			59-2199888	Not Applicable	
				6. \$8.75 Additional Fee required			
Zip Country	Zip	Co	ountry	CERTIFICATE	OF STATUS DESIRED for a	Certificate of Status	
7. Names and Street Addresses of Each Officer and/	or Director (Flor	ida nonprofit co	rporations must list at lea	ast 3 directors)			
Title(s) 1 2 Name of Officers and/or Directors		Street Address of Each Officer and/or Director		1	City / State / Zip		
				4			
P FOREHAND, STACEY		2525 E HILLSBOROUGH AVE STE 135		TAMPA FL 33610			
V WILCOX, LINDA R		805 E PALM AVE		TAMPA FL 33605			
•							
				30 <mark>00034474038</mark> -11/0 <u>1/00</u> 01084- <u>-017</u>			
					****750.00 **	***75D . UD	
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
FOREHAND,STACEY 3012 N. ARROW ST.			Street Address (Name FORE LAND STACEY NEWARRIESS Street Address (P.O. Box Number is Not Acceptable) 8132 TOM SQWYER DR			
TAMPA FL 33605				C	,		
			City	City State Zip Code			
TRMOQ F1 FL 33637							
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 10/16/200							
ACGISTERED ACENT MICOT CIGIT							

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

RESTACED Forchand 10/16/00 (8/3)237-3332

ME OF SIGNING OFFICER OFFICER OFFICER OFFICER Phone #