

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 NOV 19 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004372

1. Corporation Name

APOLLO EYE ASSOCIATES, INC.

Principal Place of Business

Mailing Address

2424 N. FEDERAL HWY. ~~STE 362~~  
BOCA RATON FL 33431

2424 N. FEDERAL HWY. ~~STE 362~~  
BOCA RATON FL 33431

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

Suite, Apt. #, etc.

SUITE 405

Suite, Apt. #, etc.

SUITE 405

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida		09/08/1995	
5. FEI Number		65-0601046	
		Applied For	
		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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
V	MCKINLEY, REBECCA	2424 N FEDERAL HIGHWAY SUITE 362	BOCA RATON FL
CD	COOK M.D., JAMES R	2424 N. FEDERAL HWY, STE 362	BOCA RATON FL
DVS	MOLINARO JR., PETER J	2424 N. FEDERAL HWY, STE 362	BOCA RATON FL
DT	DAMRON, J RICHARD JR	2424 N. FEDERAL HWY, STE 362	BOCA RATON FL
D	PRELAZ, JOHN C	2424 N FEDERAL HIGHWAY SUITE 362	BOCA RATON FL
			0000002699890--6 -12/02/98--01023--012 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DILLON, KATHRYN

2424 N. FEDERAL HWY, ~~STE 362~~  
BOCA RATON FL 33431

Name

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

Suite, Apt. #, Etc.

SUITE 405

City

State  
FL

Zip Code

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

*Kathryn Dillon*  
REGISTERED AGENT MUST SIGN

Date 11-13-98

11. This corporation owes or has paid 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.

*J R Damron Jr*

SIGNATURE:

*J R Damron Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/98  
Date

Daytime Phone #