

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 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000000597

1. Corporation Name

APOLLO EYE CARE MANAGEMENT CORP.

Principal Place of Business

Mailing Address

2424 NORTH FEDERAL HWY., STE 362
BOCA RATON FL 33431

2424 NORTH 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

02/05/1996

5. FEI Number

65-0631932

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)

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
DVS	MOLINARO JR, PETER	2424 NORTH FEDERAL HWY., STE 362	BOCA RATON FL 33431
DC	COOK, JAMES R MD	2424 NORTH FEDERAL HWY., STE 362	BOCA RATON FL 33431
D	DAMRON, J. RICHARD	2424 NORTH FEDERAL HWY., STE 362	BOCA RATON FL 33431
D	PRELAZ, JOHN	2424 N. FEDEARL HWY., STE 362	BOCA RATON FL 33431
			7000002699887--5
			-12/02/98--01023--011
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANAPOLI, VINCENT C
2434 NORTH FEDERAL HWY., STE 362
BOCA RATON FL 33431

Name

DILLON, KATHRYN

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

2424 N. FEDERAL HIGHWAY

Suite, Apt. #, Etc.

SUITE 405

City

BOCA RATON

State

FL

Zip Code

33431

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
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-13-98 *[Signature]*

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.

SIGNATURE:

JR DAMRON JR
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/98

Date

Daytime Phone #

CR2E040 (9/98)