

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 23 AM 11:44

OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G50684

1. Corporation Name

VISION CARE OF FT. MYERS, INC

2. Principal Office Address

3547 CLEVELAND AVENUE

Suite, Apt. #, etc.

N/A

City & State

FT. MYERS, FL

Zip

33901

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

City & State

N/A

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 07/20/1983

5. FEI Number

592304840

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LORAN BENNETT

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

3547 CLEVELAND AVENUE

Suite, Apt. #, Etc.

N/A

City

FT. MYERS,

State

FL

Zip Code

33901

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	BETTIE BENNETT	4701 SKATES CIRCLE	FT.MYERS, FL 33905
S/V/P	LORAN BENNETT	3547 CLEVELAND AVENUE	FT.MYERS, FL 33901

10. 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

[Signature] V.P. LORAN BENNETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/18/04 239-939-5030

Daytime Phone #

CR2E081 (01/04)

292

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

March 17, 2004

Re: Corporation Reinstatement

Dear Sir or Madam,

Enclosed please find a check and application for Corporation Reinstatement. As per instructions from representatives of your department I have downloaded the appropriate form from your website at www.sunbiz.org.

I wish to inform you that when applying for a small business loan I learned from my bank that the corporation was listed as inactive.

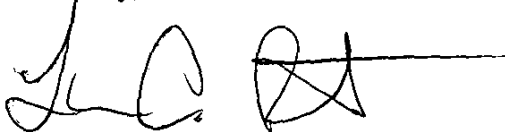
After checking with your agency online and by telephone I learned that forms had been mailed to the correct address on two occasions but neither were received.

Although we occasionally receive mail addressed to a neighboring business they are returned to the postal service. Unfortunately it is possible that someone received these notices and did not return them. In any event they were not received.

It was quite embarrassing to be given this information by the bank and I would appreciate help from you in expediting this matter so our loan can be completed.

Thank you in advance for your help in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Loran Bennett', followed by a horizontal line.

Loran Bennett
3547 Cleveland Avenue
Ft. Myers, FL 33901