

To: FL Dept. of State
Subject: 000650.58657

From: Katie Wonsch

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G63950			
1. Corporation Name SOUTH FLORIDA EYE ASSOCIATES, P.A.			
2. Principal Office Address 1295 NW 14th Street		3. Mailing Office Address 1295 NW 14th Street	
Suite, Apt. #, etc. Suite C		Suite, Apt. #, etc. Suite C	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33125	Country USA	Zip 33125	Country USA

REINSTATEMENT 2006
CR25081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 10/01/83	
5. FEI Number 59-2356915	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name B & C Corporate Services, Inc.	
Street Address (P.O. Box Number is Not Acceptable) One Biscayne Tower, 21st Floor	
Suite, Apt. #, Etc. 2 South Biscayne Boulevard	
City Miami	State FL
Zip Code 33131	

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 		Date 10/11/06	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LOUIS R KEILSON, M.D.	1295 NW 14th Street, Suite C	Miami, Florida 33125
D	MORRIS SEGALL, M.D.	1295 NW 14th Street, Suite C	Miami, Florida 33125
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 contained in Chapter 119, 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: 		Date 10/10/06	Daytime Phone (305) 461-0212
SEPARATE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR			

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

CORPORATION REINSTATEMENT

SOUTH FLORIDA EYE ASSOCIATES, P.A.

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