

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 21 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H71218

1. Corporation Name

EVA KAREN BOSWELL, OPTOMETRIST, O.D., PROFESSIONAL ASSOCIATION

Principal Place of Business

2352 SNUG HARBOR N.E.
MARIETTA GA 30066

Mailing Address

2352 SNUG HARBOR N.E.
MARIETTA GA 30066



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

108 AUBURN CT.

Suite, Apt. #, etc.

City & State

HAINES CITY FL

Zip

33844

Country

USA

3. New Mailing Office Address, if Applicable

108 AUBURN CT.

Suite, Apt. #, etc.

City & State

HAINES CITY FL

Zip

33844

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/1985

5. FEI Number

59-2569525

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BOSWELL, E. KAREN	2352 SNUG HARBOR N.E.	MARIETTA GA 30066
		108 AUBURN CT.	HAINES CITY FL 33844

500010395805

01/21/03--01079--021 **300.00

8. Name and Address of Current Registered Agent

BOSWELL, EVA KAREN
515 LEMON AVE
LAKE ALFRED FL 33850

9. Name and Address of New Registered Agent

Name

BOSWELL, EVA KAREN (Same as before)

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

Suite, Apt. #, Etc.

108 AUBURN CT.

City

HAINES CITY

State

FL

Zip Code

33844

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

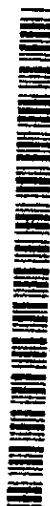
407 251 6767
1-15-03 (863) 287 0731



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

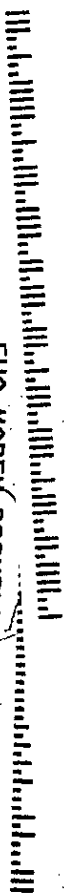
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314



FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS
#4321

BOSW352 300662554 1202 23 10/23/02
NOTIFY SENDER OF NEW ADDRESS
BOSWELL JR
875 FRANKLIN RD SE APT 728
MARIETTA GA 30067-7963

19/1 0610 30066-780252



EVA KAREN BOSWELL, OPTOMETRIST, O.D., PROFESSION
AL ASSOCIATION
2352 SNUG HARBOR N.E.
MARIETTA GA 30066-7802

324

44

882-456-6070

845180135 h2

Eva Karen Boswell, OD PA
108 Auburn Court
Haines City, FL 33844
(863) 422-2486

January 15, 2003

FL Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Annual Report/Reinstatement
Fedl ID #59-2569525
Document #H71218

To Whom It May Concern:

Enclosed please find my annual report for 2002. Please be advised that I just received this report as it was mailed to the incorrect address. I have enclosed the mailing address page for your review.

I relocated to Florida at the end of 2001. I notified the IRS of the change of address and I have been filing payroll reports to the Florida Department of Revenue under my Florida address. I was not aware that I needed to notify anyone else of my change of address.

Please also be aware that since the date that I incorporated, back in 1985, this is the first time I have ever been late with my annual filing fee.

Under the above circumstances, I ask that you please be lenient with me and reinstate my corporation. I have provided all of the updated information on the enclosed report, as well as my check in the amount of \$300.00 as instructed by your staff on the telephone.

I again apologize for the mixup and will make every attempt to prevent this from happening in the future.

Very truly yours,



Eva Karen Boswell, OD