

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUL 11 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H79950

1. Corporation Name

THE UNITED VISION CARE BUYING SERVICES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

3471 N. MONROE ST.  
SUITE A  
TALLAHASSEE FL 32303  
US

P.O. BOX 37070  
TALLAHASSEE FL 32315  
US

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, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/09/1985

5. FEI Number

59-2650906

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	DAVIDSON, WILLIAM	3471 N. MONROE ST.	TALLAHASSEE FL
			900004494379--4
			-07/24/01-01093-020
			***1200.00 ***1200.00
			REINSTATEMENT 98-01
			1/LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAYLOR, TAMMI  
3471 N. MONROE ST.  
TALLAHASSEE FL 32303

Name  
BRENDA R. DAVIDSON  
Street Address (P.O. Box Number is Not Acceptable)  
3471 N. MONROE ST.  
Suite, Apt. #, Etc.

City  
TALLAHASSEE  
State  
FL  
Zip Code  
32303

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 *Brenda Davidson* SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 5-28-01

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:

*Sandra B. Mortham* PRES.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-01 850-562-8242  
Date Daytime Phone #

CR2ED40 (9/98)