

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 19 AM 8:52

DOCUMENT # H79950

1. Corporation Name THE UNITED VISION CARE
BUYING SERVICES OF FLORIDA, INC.

2. Principal Office Address

603 Wakulla Arran Rd

Suite, Apt. #, etc.

City & State

Crawfordville, FL

Zip

32327

Country

USA

3. Mailing Office Address

P.O. Box 430

Suite, Apt. #, etc.

City & State

Crawfordville, FL

Zip

32326

Country

USA

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/1985

5. FEI Number

592650906

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

William A. Davidson

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

607 Wakulla Arran Road

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

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

[Signature]

Date

9/18/06

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	William A. Davidson	607 Wakulla Arran Rd.	Crawfordville, FL 32327
VP/D	Brenda R. Davidson	P.O. 1555	Woodville FL 32362

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09/28/06--01063--009 **1050.00

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/18/06

Daytime Phone #

850-926-2432