

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 APR 15 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-03



300015872753
04/15/03--01010--013 **1050.00

DOCUMENT # **H83861**

1. Corporation Name

PERIPHERAL VISION, INC.

Principal Place of Business

Mailing Address

% SHANE R. LANDAU
1754 N. MAIN STREET
JACKSONVILLE FL 32206

% SHANE R. LANDAU
1754 N. MAIN STREET
JACKSONVILLE FL 32206

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2596579

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	CAPLAN, RON	900 BERT RD., NO. 239	JACKSONVILLE FL
ST	CAPLAN, MEYER	358 PALL MALL DR.	JAX FL 32206

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAPLAN, RONALD M
1754 MAIN ST
JACKSONVILLE FL 32206

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 4/10/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/10/03

Daytime Phone # 904-353-4900

CR2E040 (8/01)