
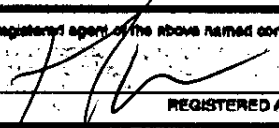
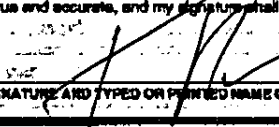


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 AUG 27 PM 5:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # H 95174 1. Corporation Name REGIONAL EYE INSTITUTE, INC.					
2. Principal Office Address Suite, Apt. #, etc. 1920 PALM BEACH LAKES BLVD City & State W PALM BEACH, FL Zip 33409		3. Mailing Office Address Suite, Apt. #, etc. 1920 PALM BEACH LAKES BLVD City & State W PALM BEACH, FL Zip 33409		4. Date Incorporated or Qualified To Do Business in Florida 01/26/1986 5. FEI Number 59-2801712	
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> 58.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name THOMAS J PANGIA, MD Street Address (P.O. Box Number is Not Acceptable) 1920 PALM BEACH LAKES BLVD Suite, Apt. #, Etc. City W PALM BEACH					
State FL					
Zip Code 33409					
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  REGISTERED AGENT MUST SIGN Date 8/18/04					
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		
PRES	THOMAS J PANGIA, MD	1920 PLAM BEACH LAKES BLVD	W PALM BEACH, FL 33409		
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 taxes 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(2)(b), 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:  8/18/04 561-689 9700 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 8/18/04 Daytime Phone:					

PANGIA & COMPANY, LLC

Certified Public Accountants

55 Market Street
Poughkeepsie, NY 12601
845.454.4610
FAX 845.454.6771
www.pangiacpa.com

Vincent C. Pangia, CPA, CFE
Admitted To U.S. Tax Court

Parul Patel, CPA

August 23, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Regional Eye Institute, Inc.
FEI: 59-2801712
Document #: H95174

To Whom It May Concern:

On behalf of our client, above-referenced, enclosed is a completed application for corporate reinstatement together with a check in the amount of \$300 which represents payment of the corporate annual fee for reporting years 2003 and 2004 (\$150 for 2003 and \$150 for 2004).

Please be advised that the Florida Annual Report Notice and reporting forms for the past two years were not received. It appears that without some sort of alert as to the filing requirements, the annual reports were inadvertently not prepared. In view of the fact that this oversight was not intentional we respectfully request the abatement of any additional reinstatement fees or penalty.

Thank you for your consideration in this matter.

Sincerely,


Vincent C. Pangia

VCP:jw

c. Dr. Thomas J. Pangia