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
96 DEC -4 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K19270**

1. Corporation Name

PHYSICIANS OPTICAL, INC.

REINSTATEMENT

Principal Place of Business	Mailing Address
~~% ROBERT C. MAGOON~~	~~% ROBERT C. MAGOON~~
~~4300 ALTON RD~~	~~4300 ALTON RD~~
~~MIAMI FL 33140~~	~~MIAMI FL 33140~~

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
c/o DR. S. KULVIN	c/o DR. S. KULVIN
Suite, Apt. #, etc. 5820 SW 118 ST	Suite, Apt. #, etc. 5820 SW 118ST
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33156 Country USA	Zip 33156 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/28/1988

5. FEI Number: 65-0039018 ☐ 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
DP	MAGOON, ROBERT C.	4300 ALTON RD	MIAMI BEACH FL
D	MILLER, GORDON R.	4300 ALTON RD	MIAMI BEACH FL
D	KULVIN, STEPHEN M.	4300 ALTON RD	MIAMI BEACH FL

200002022742--5
~~12/06/96 01036 022~~
~~****375.00~~ ****375.00

DB12-4-96

8. Name and Address of Current Registered Agent

MAGOON, ROBERT C.
4300 ALTON RD
MIAMI FL 33140

9. Name and Address of New Registered Agent

Name: Stephen M. KULVIN, MD
Street Address (P.O. Box Number is Not Acceptable): 5820 SW 118 ST
Suite, Apt. #, Etc.:
City: Coral Gables State: FL Zip Code: 33156

CR2E040 (7/96)

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: Robert C. Magoon, M.D. STEPHEN M. KULVIN, MD 12/96
REGISTERED AGENT MUST SIGN Date

Mrs. Kulvin MD 12/2/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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.

ROBERT C. MAGOON, M.D.

SIGNATURE: Robert C. Magoon 11/12/96 (305) 674-2047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037872 AP