

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB -7 AM 11:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K95141

1. Corporation Name

RELIABLE OPHTHALMIC INSTRUMENT SERVICE INC.

Principal Place of Business

Mailing Address

3878 PROSPECT AVE., #2
RIVIERA BEACH FL 33404-3346

3878 PROSPECT AVE., #2
RIVIERA BEACH FL 33404-3346



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

06/12/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0125526

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	GOODWIN, SCOTT B.	501 HUNTER ST	W PALM BCH. FL
D	O'BRIEN, KEVIN	817 8TH LN 3899 Lighthouse Dr.	PALM BCH GDNS FL

400003677104--2
-02/13/01--01071--026
****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOODWIN, SCOTT B.
3878 PROSPECT AVE
RIVIERA BEACH FL 33461

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

Signature
REGISTERED AGENT MUST SIGN

Date 2/5/01

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.

KE

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01
Date

561-844-4947
Daytime Phone #

CR2E040 (8/00)

252

Florida Dept. of State
Division of Corporations
Annual Report/Reinstatement Section
Tallahassee, FL 32314-

Dear Sirs,

I am sending the signed copy of my corporate reinstatement notice. I had not received the original notice and did not know what this reinstatement notice was for. I put it into my folder for the accountant for taxes etc. He called me & informed me of what it was & suggested I call your office to explain my mistake in hopes you could eliminate the penalty & interest charges. I talked to Mr. Tyronne Scott and was told to send in the reinstatement notice along with this letter & \$300-. I apologize for the mistaken delay & hope you can eliminate the late fees & penalties.

Thank you,

Scott Goodwin V.P.
Reliable Optth. 3rd St. S.W.
3878 Prospect Ave., Ste 2
Riviera Bch, FL 33404
F.E.I. # 65-0125526