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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glen S. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -1 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000015138

Name and Mailing Address

0011930 01 AT 0.292 **AUTO T4 0 0615 33414-635622

DOCTORMYEYES, LLC
15622 CYPRESS PARK DRIVE
WELLINGTON FL 33414-6356

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL5. Date Organized or Qualified
To Do Business in Florida

12/07/2000

Principal Place of Business

15622 CYPRESS PARK DRIVE
WELLINGTON FL 33414

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

NASSIFF, NADIA
15622 CYPRESS PARK DRIVE
WELLINGTON FL 33414

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/25/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	NASSIFF, NADIA	15622 CYPRESS PARK DRIVE	WELLINGTON FL 33414
MGR	NASSIFF, MARIE D M.D.	15622 CYPRESS PARK DRIVE	WELLINGTON FL 33414

REINSTATEMENT

2003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

SIGNATURE REQUIRED

Date

11/25/03

Daytime Phone #

753 3181

Typed or printed name of signing Managing Member/Manager