

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -6 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000007203

Name and Mailing Address

0004392 01 FP 0.352 **PRSRT T4 0 0615 33434-583433

4133 NORTHWEST 28TH AVENUE

EYETOWNCENTER, LLC

4133 NORTHWEST 28TH AVENUE

BOCA RATON FL 33434-5834

700008817827
11/06/02--01027--002 **110.00



2. New Mailing Address ATTN: ALAN SHEEDMAN 4133 NW 28TH AVENUE		4. State/Country of Formation FL	
City, State, Zip BOCA RATON, FL 33434-5834		5. Date Organized or Qualified To Do Business in Florida 05/04/2001	
Principal Place of Business 4133 NORTHWEST 28TH AVENUE BOCA RATON FL 33434	3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1031877
8. Name and Address of Current Registered Agent MEDICAL INTERNET COMMUNITIES, LLC 4133 NORTHWEST 28TH AVENUE BOCA RATON FL 33434		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 <u>David Felt</u> Date <u>10/1/02</u> REGISTERED AGENT MUST SIGN			

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MS	MEDICAL INTERNET COMMUNITIES, LLC	4133 NW 28TH AVE BOCA RATON, FL 33434-5834	BOCA RATON, FL 33434-5834

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 Alan Sheedman Date 10/30/02 Daytime Phone # 561 498 9888
Typed or printed name of signing Managing Member/Manager ALAN SHEEDMAN, APY

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Alan Sherman, D.P.M., F.A.C.F.S.

PRACTICE LIMITED TO DISEASES, INJURIES AND SURGERY OF THE FOOT AND

The Medical Center at Delray Community Hospital

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Delray Beach, Florida 33484

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E-MAIL asherman@podiatryonline.com

WWW <http://www.podiatryonline.com>

Diplomate, American Board of Podiatric Surgery
Fellow, American College of Foot Surgeons

Oct 1, 2002

Division of Corporations

Annual Report/Reinstatement Section

PO Box 6327

Tallahassee, FL 32314-6327

LLCs: **MEDICAL INTERNET COMMUNITIES, LLC**
EYETOWNCENTER, LLC

To Whom It May Concern:

I received a "Notice of Administrative Dissolution or Revocation" this week for the following 2 corporations:

MEDICAL INTERNET COMMUNITIES, LLC
EYETOWNCENTER, LLC

In both cases, I didn't receive notice that the 2002 UBRs were due to be filed. The address that I have registered for the corporations are correct and I don't understand why I didn't receive the notices for the 2nd year in a row.

I spoke with Michelle in the Division of Corporations (LLC section) today and she told me to send in the **Application for Reinstatement** form with this **Letter of Explanation**, along with a fee of \$100 (\$50 for each corporation), to get the corporations reinstated.

ADDITIONAL \$10 (5 FOR EACH) FOR CERTIFICATE OF STATUS

Sincerely yours,

Alan Sherman, D.P.M., F.A.C.F.A.S.