

**L01000019009**

APPROVE AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JAN 27 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000019009

1. Limited Liability Company's Name  
Excellence In Vision Care, LLC

**REINSTATEMENT**

2002-2003

2. Principal Office Address 1050 US Hwy 27 Suite, Apt. #, etc. #1 City & State Clermont, FL Zip 34711 Country Lake		3. Mailing Office Address 1050 US Hwy 27 Suite, Apt. #, etc. #1 City & State Clermont FL Zip 34711 Country Lake	
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4. State/Country of Formation	5. Date Organized or Qualified To Do Business in Florida 10/31/01
6. FEI Number 59-3755522	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Terrance W. Hafner, O.D. 780010975807  
Street Address (P.O. Box Number is Not Acceptable) 1050 US Hwy 27 01/28/03--01022--007 \*\*200.00  
Suite, Apt. #, Etc. #1  
City Clermont State FL Zip Code 34711

9. 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 Terrance W. Hafner O.D. Date 1-23-03  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
managery O.D.	Terrance W. Hafner	1050 US Hwy 27, Suite 1	Clermont, FL 34711

11. 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 Terrance W. Hafner Date 1-23-03 Daytime Phone # 352-394-8705  
Typed or printed name of signing Managing Member/Manager Terrance W. Hafner O.D.

CR2E041 (10/02)