

LO1000019009

APPROVE  
AND  
FILE

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 # LO1000019009

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

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 ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Terrance W. Hafner, O.D.

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

1050 US Hwy 27

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
manager	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 O.D.

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)