

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John S. Altshuler
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 NOV 15 AM 11:01

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000019819

Name and Mailing Address

0006045 01 FP 0.352 **PRSR T9 0 0615 32174-815502



EYECARE LASER CENTERS LLC
1050 W. GRANADA BLVD
SUITE 2
ORMOND BEACH FL 32174-8155



| | | | |
|--|-----------------------------------|---|---|
| 2. New Mailing Address City, State, Zip | | 4. State/Country of Formation FL | |
| Principal Place of Business 1050 W. GRANADA BLVD SUITE 2 ORMOND BEACH FL 32174 | | 3. New Principal Place of Business Address City, State, Zip | 5. Date Organized or Qualified To Do Business in Florida 11/16/2001 |
| 8. Name and Address of Current Registered Agent TITONE, CHARLES W MD 1050 W. GRANADA BLVD SUITE 2 ORMOND BEACH FL 32174 | | 6. FEI Number 59-3756300 | Applied For Not Applicable |
| 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |
| 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] Date: 10/23/02 REGISTERED AGENT MUST SIGN | | | |
| 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 | TITONE, CHARLES W MD | 150 SEAHAWK DRIVE 814 Lakeland Drive | DAYTONA BEACH FL 32110 Port Orange FL 32127 |
| | | 8000008762378 11/01/02--01093--001 **150.00 | |
| | | REINSTATEMENT 2002 | |

CR2E084 (8/02)

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

Date 10/23/02

Daytime Phone # 386-677-4700

Typed or printed name of signing Managing Member/Manager

Charles W. Titone