

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2022 NOV -2 PM 12:07

DOCUMENT # L16000043527

1 Limited Liability Company's Name

EYE INSTITUTE OPTICAL, L.L.C.

400397075714

2 Principal Office Address - No P.O. Box #

148 - 13TH STREET S.W.

3 Mailing Office Address

148 - 13TH STREET S.W.

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

LARGO, FL

City & State

LARGO, FL

Zip

33770

Country

USA

Zip

33770

Country

USA

8 Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Apt. #, Etc

City

PLANTATION

State

FL

Zip Code

33324

CR2E041 (1/14)

4 State/Country of Formation

FL

5 Date Organized or Qualified  
To Do Business in Florida

03/03/2016

6 FEI Number

81-1732626

Applied For

Not Applicable

7 CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

9 I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*Denise Bell*

Date 9/20/2022

REGISTERED AGENT MUST SIGN

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Christopher Feldmeir	15933 Clayton Road	Ballwin, MO 63011

11 E-mail Address legal@eyecare-partners.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

*Christopher Feldmeir*

Date 9/27/2022

Daytime Phone #

636-227-2600

Typed or printed name of signing authorized representative/member

Christopher Feldmeir, Authorized Agent

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 11/02/2022

Acc#I20160000072

*W: C D W*

Name:	EYE INSTITUTE OPTICAL, L.L.C.
Document #:	
Order #:	14585751

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ ????

*2377.50*

Thank you!

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R. HUNT