

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 NOV 25 AM 9:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L71301**

1. Corporation Name

DR. ALEX BERENTHAL OPTOMETRIST, INC.

Principal Place of Business	Mailing Address
5952 W. 16TH AVE. HIALEAH FL 33012	5952 W. 16 AVE HIALEAH FL 33012 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/08/1990	
City & State		City & State		5. FEI Number	
Zip		Country		65-0317881	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BERENTHAL, ALEX	3051 JEFFERSON ST.	MIAMI FL

300002702199--8
 -12/03/98--01033--020
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LOUIS JR., ROLAND R 201 SO. BISCAYNE BLVD., 2300 MIAMI CENTER MIAMI FL 33131-4329		Name <u>Jose F. Padro</u> Street Address (P.O. Box Number is Not Acceptable) <u>747 Ponce de Leon Blvd S</u> Suite, Apt. #, Etc. <u>203</u> City <u> Coral Gables </u> State <u> FL </u> Zip Code <u> 33134 </u>	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [Signature] Date: 11/19/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: [Signature] **REINSTATEMENT REQUIRED** 11-15-98 305116-6946
 SIGNATURE AND CAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (6/98)