


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L89860			
1. Corporation Name BREVARD EYE CARE, P.A.			
2. Principal Office Address 502 E. New Haven Ave. Suite, Apt. #, etc.		3. Mailing Office Address 502 E. New Haven Ave. Suite, Apt. #, etc.	
City & State Melbourne, FL		City & State Melbourne, FL	
Zip 32901	Country US	Zip 32901	Country US


FILED
03 MAR -7 PM 12:12
STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida 7/27/90	
5. FEI Number 593025752	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent	
Name James H. Fallace	
Street Address (P.O. Box Number is Not Acceptable) 1900 S. Hickory Street	
Suite, Apt. #, Etc. Ste. A	
City Melbourne	State FL
Zip Code 32901	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent



Date 2/28/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	William J. Broussard	502 E New Haven Ave.	Melbourne, FL 32901
DST	Ralph Paylor	502 E. New Haven Ave.	Melbourne, FL 32901
DV	Michael Corcoran	502 E. New Haven Ave.	Melbourne, FL 32901
D	Freeman, L. Neal	502 E. New Haven Ave.	Melbourne, FL 32901

10. 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03

Date

321-727-2020 x4003

Daytime Phone #

CR2E081 (10/02)