

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 19 PM 11:02

DOCUMENT #

L99000002752

1. Limited Liability Company's Name

SOUTHWEST FLORIDA OPTOMETRIC PHYSICIANS

2. Principal Office Address

15101 BLACKHAWK DR.

Suite, Apt. #, etc.

City & State

FORT MYERS FL

Zip

33912

Country

U.S.A.

3. Mailing Office Address

15101 BLACKHAWK DR.

Suite, Apt. #, etc.

City & State

FORT MYERS FL

Zip

33912

Country

USA

4. State/Country of Formation

U.S.A.

**5. Date Organized or Qualified
To Do Business in Florida**

JUNE 1999

6. FEI Number

65-0919918

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

KENNETH EMANUELE, OD.

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

15101 BLACKHAWK DR.

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33912

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

Kenneth Emanuele

Date 10-16-00

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
DR.	KENNETH EMANUELE	15101 BLACKHAWK DR.	FT MYERS, FL 33912
DR.	VIVIANNE GARCIA	15101 BLACKHAWK DR.	FT MYERS, FL 33912

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

Kenneth Emanuele

Date 10-16-00

Daytime Phone # (941) 772-5115

Typed or printed name of signing Managing Member/Manager

KENNETH EMANUELE