

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M9800000342

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # M98-342

1. Limited Liability Company's Name
Future Eyes / Your Practice, LLC

2. Principal Office Address
131 Pembroke Drive
Suite, Apt. #, etc.
Palm Beach Gardens
City & State
Florida
Zip
33418
Country
USA

3. Mailing Office Address
131 Pembroke Drive
Suite, Apt. #, etc.
Palm Beach Gardens
City & State
Florida
Zip
33418
Country
USA

4. State/Country of Formation
Delaware / USA

5. Date Organized or Qualified To Do Business in Florida
3/10/98

6. FEI Number
52-2091462

7. CERTIFICATE OF STATUS DESIRED ☐ \$500 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Steven E. MARCUS

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

Suite, Apt. #, Etc.

City
Palm Beach Gardens

State
FL

Zip Code
33418

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
Steven E. Marcus

Date
12/4/2000

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
CEO	Steven Marcus	131 Pembroke Drive	Palm Beach Gardens, Florida 33418
President	Arthur Sanderman	427 Springview Lane	Phoenixville Pa. 19360

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
Steven E. Marcus

Date
12/4/2000

Daytime Phone #
(561) 628-4340

Typed or printed name of signing Managing Member/Manager
Steven E. MARCUS