

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000000309

1. Corporation Name

RETINA RESEARCH FOUNDATION OF FLORIDA, INC.

Principal Place of Business

GLADES TOWER 1, 950 GLADES RD.
BOCA RATON FL 33431

Mailing Address

GLADES TOWER 1, 950 GLADES RD.
BOCA RATON FL 33431

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

REINSTATEMENT

03



300025189153
12/13/03-01034-012 ***245.00

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/2000

5. FEI Number

65-0976450

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	RUBSAMEN, PATRICK M.D.	GLADES TOWER 1, 950 GLADES RD.	BOCA RATON FL 33431
D	MORRISON, WILLIAM	NORTHERN TRUST BANK	MIAMI FL
D	HALPERIN, LAWRENCE S M.D.	5601 N. DIXIE HWY.	FT. LAUDERDALE FL 33334
D	WINN, SAMUEL M M.D.	2740 HOLLYWOOD BLVD.	HOLLYWOOD FL 33020

8. Name and Address of Current Registered Agent

LEONE, FREDERICK JR.
3230 STIRLING RD.
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name MICHAEL DASZKAL, CPA
Street Address (P.O. Box Number is Not Acceptable)
2401 NW Boca Raton BLVD.
Suite, Apt. #, Etc.
City Boca Raton
State FL Zip Code 33431

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. or 617.0505, F.S.

Signature of
Registered Agent

Michael Daszkal

REGISTERED AGENT MUST SIGN

Date 11/28/03

11. 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:

Pat Rubsam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/03 (561) 302-5624

Date

Daytime Phone #

CR2E040 (7/03)