

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 25 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000002766

1. Corporation Name

NORTHEAST FLORIDA OPTOMETRIC SOCIETY, INC.

2. Principal Office Address

2 St. John Medical Park Drive

3. Mailing Office Address

2 St. John Medical Park Drive

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

St. Augustine, Florida

City & State

St. Augustine, Florida

Zip

32086

Country

United States

Zip

32086

Country

United States

100008590241

10/25/02--U1039--006 **297.50

REINSTATEMENT 61-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

APRIL 27, 2000

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

R. ANDREW WILES

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

2 St. John Medical Park Drive

Suite, Apt. #, Etc.

Suite 1

City

St. Augustine

State
FL

Zip Code

32086

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

R. Andrew Wiles

REGISTERED AGENT MUST SIGN

Date

10/1/2

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
PD	JOHN LENNON	2504 GRILL AVENUE	PALATKA, FL 32177
PED	JAMES HORNING, O.D.	9930 MARGATE HILLS ROAD	JACKSONVILLE, FL 32256
VD	LYNN JOHNSON, O.D.	8626 BAYMEADOWS ROAD	JACKSONVILLE, FL 32256
DS	JOANNE REED, O.D.	11625 BRUSH RIDGE CIRCLE, S.	JACKSONVILLE, FL 32225
T	ANDREW WILES, O.D.	2 ST. JOHNS MEDICAL PK DR #1	ST. AUGUSTINE, FL 32086

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:

R. Andrew Wiles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/1/2

904-777-4628

Daytime Phone #

CR2E081 (9/01)