

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 APR 14 PM 4:49

DOCUMENT # N04000009272

1. Entity Name  
MARCO EYELAND ERADICATE AMBLYOPIA  
FOUNDATION, INC.



Principal Place of Business  
801 12th Ave S. Ste 302  
NAPLES, FL 34102

Mailing Address  
801 12th Ave S. Ste 302  
NAPLES, FL 34102

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 08-09

4. FEI Number  
03-0551230

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Demian Kruchten  
801 12th Ave S. St. 302  
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name Rachael Klein  
Street Address 801 12th Ave S. Ste 302  
City Naples FL 34102

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Rachael P. Klein*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Mar 25 - 2009

FILE NOW!!! FEE IS \$236.25  
After January 1, 2009, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	KLEIN, RACHAEL	
STREET ADDRESS	174 S COLLIER BLVD	
CITY - ST - ZIP	MARCO ISLAND, FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	OGDEN, BRIGID B	
STREET ADDRESS	877 111TH AVE N. UNIT 2	
CITY - ST - ZIP	NAPLES, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EADS, BONNIEN DR.	
STREET ADDRESS	60 10TH STREET N.	
CITY - ST - ZIP	NAPLES, FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300138988013
STREET ADDRESS	12/12/08--01040--011 **236.25
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300138988013
STREET ADDRESS	03/27/09--01032--027 **61.25
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Rachael Klein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mar 25 - 2009 239-404-8644