

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUN 12 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N20559**

1. Corporation Name

CENTRAL FLORIDA SOCIETY OF OPHTHALMOLOGY

DOCUMENT #N20559

W000-14034

2. Principal Office Address

16 W. COLUMBIA ST.
ORLANDO, FL. 32806
Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32806

Country

USA

City & State

Zip

Country

REINSTATEMENT

08-00

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

MAY 8, 1987

5. FEI Number

59-2862159

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

BRIAN HAAS, MD.

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

16 W. COLUMBIA ST.

Suite, Apt. #, Etc.

100003330071-5
-07/20/00-01077-015
****358.50 ****358.50

City

ORLANDO

State
FL

Zip Code
32806

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

[Signature]

Date **5/10/00**

REGISTERED AGENT MUST SIGN

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
Pres	Brian D. Haas, MD	16 W Columbia St.	Orlando, FL 32806
V.P.	Richard A. Cohn, MD	41-W. Kaley St.	Orlando, FL 32806
Sec.	MARK S. Rubin, MD	550 Memorial Cir. #N	ORMOND Beach, FL
Trea	LISA Cheiss, MD.	1925 Mizell Ave #302	Winter Park, FL 32792

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

5/10/00 407-841-1490

Date

Daytime Phone #

X14

CR2E081 (9/99)