

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 15 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Central N20559

Florida Society of Ophthalmology

300135850773
09/15/08--01045--007 **420.00

REINSTATEMENT 05-08

2. Principal Office Address - No P.O. Box #

4624 Halder Ln

Suite, Apt. #, etc.

3. Mailing Office Address

4624 Halder Ln

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32814

Country

Zip

32814

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/8/87

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

Robert Kraut

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

4624 Halder Ln

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32814

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Robert Kraut

Date 7/22/08

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.	Robert Kraut	4624 Halder Ln	Orlando FL 32814
VP	Jacqueline Flud	3195 Citrus Tower Blvd	Clermont FL
Treas	Victor Thomas	1781 Park Center Dr	Orlando FL 32835

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 contained in Chapter 119, 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:

Robert Kraut

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/08

Date

407 897 7470

Daytime Phone #