PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 DEC 23 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 47817

REINSTATEMENT 02-04

1. Corporation Name
The Foundation to Cure Glaucoma, Inc.

3930 Bee Ridge Rd
P.O. Box 992

2. Principal Office Address	**3.** Mailing Office Address
3930 Bee Ridge Rd	P.O. Box 992
Suite, Apt. #, etc.: Suite B, Bldg. F	Suite, Apt. #, etc.:
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34233 Country: USA	Zip: 34230 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/12/1992

5. FEI Number: 38-1446628 ☐ 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: Lawrence Hurvitz, M.D.

Street Address (P.O. Box Number is Not Acceptable): 3930 Bee Ridge Rd,

500043611975
12/23/04 01035 007 **367.50

Suite, Apt. #, Etc.: Suite B, Bldg. F

City: Sarasota State: FL Zip Code: 34233

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: Lawrence Hurvitz — Date: 12/14/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P/D	Charles Hattaway	5731 Ravenwood Dr	Sarasota, FL 34243
V/T/D	William E. Riley	715 N Washington Blvd, Suite D	Sarasota, FL 34236
D	Lawrence Hurvitz, M.D.	3930 Bee Ridge Rd,	Sarasota, FL 34233
S	Charles Gierhart, CPA	100 Wallace Ave, Suite 260	Sarasota, FL 34237

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: V.P. — 12/14/04 (941) 366-9151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #