

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N94000001087**

1. Corporation Name

EYECARE PROVIDERS OF FLORIDA, INC.

Principal Place of Business

13455 NOEL ROAD
SUITE 2000
DALLAS TX 75240

Mailing Address

13455 NOEL ROAD
SUITE 2000
DALLAS TX 75240

W09-10363

If above addresses are incorrect in any way, Enc. through incorrect information and enter correction below:

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

01/27/1994

5. FEI Number

75-2520877

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P D	STRAUSS, STEVEN C. JOHN M. FRANCK II	13455 NOEL ROAD, 20TH FLOOR ONE PARK PLAZA	DALLAS TX NASHVILLE TN 37203
SD D	YAGER, JACK O. D. R. MILTON JOHNSON	214 E. MARKS STREET ONE PARK PLAZA	ORLANDO FL NASHVILLE TN 37203
TD D	ANDERSON, BRUCE O. D. A. BRUCE MOORE	11210 N. DALE MABRY HWY. ONE PARK PLAZA	TAMPA FL NASHVILLE TN 37203
D	COFFMAN, THOMAS	2889 TENTH AVENUE, N. STE 304	LAKE WORTH FL
D	SAPP, JEFF	88 WEST KALEY STREET	ORLANDO FL
D	LEACH, DAVID M. D.	4302 NORTH GOMEZ	TAMPA FL

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Deborah D. Skipper

Deborah D. Skipper
Asst. Secretary

Date 6-8-99

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M. FRANCK II

4-27-99

Date Daytime Phone

CR2E040 (8/97)