

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 20 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000037913

1. Corporation Name

Peter L. Gomez, O.D., P.A.

W07 - 46979

2. Principal Office Address - No P.O. Box #
20250 NE 3rd Ct

3. Mailing Office Address
20250 NE 3rd Ct

Suite, Apt. #, etc.
5

Suite, Apt. #, etc.
5

City & State
N Miami Beach, Fl.

City & State
N Miami Beach, Fl.

Zip
33179

Country
USA

Zip
33179

Country
USA

REINSTATEMENT 01-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

April 14, 2000

5. FEI Number
65-1007552

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
Peter L. Gomez, O.D.

Street Address (P.O. Box Number is Not Acceptable)
20250 NE 3rd Ct

Suite, Apt. #, Etc.
5

City
N Miami Beach, Fl.

State
FL

Zip Code
33179

☒ 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

Peter L. Gomez, O.D.
REGISTERED AGENT MUST SIGN

Date 9/14/07

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 |
|-----------|--------------------------------------|---|--------------------------|
| President | Peter L. Gomez, O.D. | 20250 NE 3rd Ct #5. N Miami Beach Fl. | N Miami Beach, Fl. 33179 |
| | <u>[Signature]</u> | | |
| | | | |
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| | | | |
| | | | |

400109709664
09/20/07-01043-002 **1050.00

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:

Peter L. Gomez, O.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

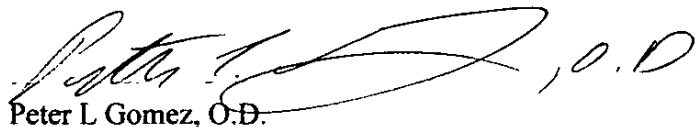
9/14/07 905 651-3690

Dear Sean,

Here is my reinstatement application. I would appreciate your timely response to this document. I have applied for a business loan to purchase an Optometric practice which needs to be closed soon. The bank has informed me that the date of the corporation is Sept. 2007. I need it to be the previous date as this would make a huge difference on my loan.

Thank you in advance for your response.

Sincerely,



Peter L Gomez, O.D.