

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
BUREAU OF CORPORATIONS

DOCUMENT # P00000093060

1. Corporation Name

DR. PAUL CONE/EYE CARE, P.A.

Principal Place of Business

961 CESERY BLVD
JACKSONVILLE FL

Mailing Address

961 CESERY BLVD
JACKSONVILLE FL

If above addresses are incorrect in any way, line 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

4. Date Incorporated or Qualified To Do Business in Florida

10/03/2000

5. FEI Number

593674223

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CONE, PAUL J	961 CESERY BLVD	JACKSONVILLE FL

400004720254--0
-12/12/01--01013--020
****150.00 ****150.00

LS

8. Name and Address of Current Registered Agent

CONE, PAUL J
961 CESERY BLVD
JACKSONVILLE FL

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-15-01

11. 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] PAUL J. CONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01 904 7431311

Date

Daytime Phone #

202

Paul J. Cone
961 Cesery Blvd.
Jax. Fl. 32211
904-743-1311

11-26-01

Dear Sirs:

***I did not receive any correspondence from your
office citing non-receipt of forms. My first and only
correspondence was the administrative dissolution.***

Please reinstate.

Thanking you in advance.



Paul J. Cone
dkl