

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 32211 Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip 32211 Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/2000

5. FEI Number

59-3674223

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CONE, PAUL J	961 CESERY BLVD	JACKSONVILLE FL

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-30-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CONE, PAUL J

10-27-02 904 7431311
Date Daytime Phone #

CR2E040 (8/02)

Dr. Paul J. Cone

October 28, 2002

Florida Dept. Of State
Secretary Of State
Division of Corporations
Tallahassee, Florida 32314

OPTOMETRIST
961 CESERY BLVD.
JACKSONVILLE, FLORIDA
32211
(904) 743-1311
FAX (904) 743-2802

To Whom It May Concern:

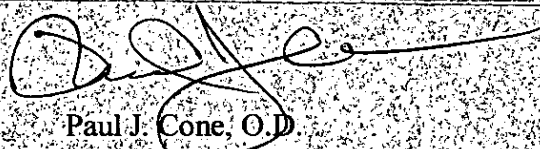
We have enclosed the necessary forms as per our conversation with your office.

We DID NOT receive the uniform business report (UBR) notices.

The \$150.00 fee is included.



Sincerely,



Paul J. Cone, O.D.

PJC/bh