PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE , Jim Smith

-Sécretary of State

ODIVISION OF CORPORATIONS

P01000047978 **DOCUMENT #**

1. Corporation Name

MARK F MANSOIR, O.D., P.A.

Principal Place of Business

Mailing Address

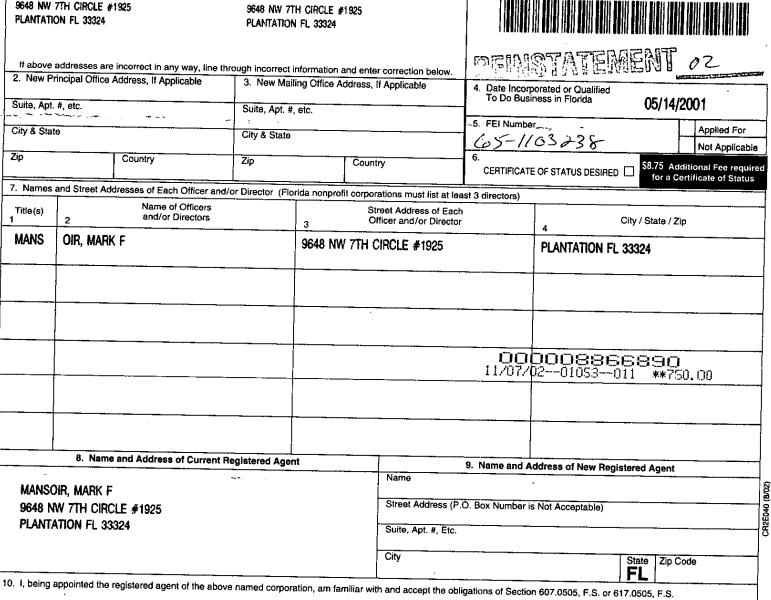
9648 NW 7TH CIRCLE #1925 PLANTATION FL 33324

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SECRETARY OF STATE TALLAHASSEE FLORIDA



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.

11. I certify that I am an officer or director or the eceiver 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

Signature of Registered Agen

SIGNATURE AND PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

REGISTERED AGENT MUST SIGN