

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 26 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

PO1000083107

1. Corporation Name

C M & C CORP.  
DBA Eye Doc

2. Principal Office Address

6099 N Federal Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

Country

33487

US

City & State

FL

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

14-1870207

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

HAROLD Peterson

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

62 Middle Dunstable Rd

Suite, Apt. #, Etc.

City

Nashua

New Hampshire

State

FL

Zip Code

03062

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

(X) *Harold Peterson*

Date 3-19-03

REGISTERED AGENT MUST SIGN

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
Pres	HAROLD Peterson	62 Middle Dunstable Rd	Nashua N.H. 03062

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 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:

(X) *Harold Peterson*

HAROLD Peterson

Date

3-19-03

Daytime Phone #

561 997 2446

CR2E081 (10/02)