

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 20 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO10000099787**

1. Corporation Name

EYETECH PARTNERS, INC.

1000 S. PINE ISLAND RD.

SAME

2. Principal Office Address

1000 S. PINE ISLAND RD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#310

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

Zip

33324

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 10/15/2001

5. FEI Number

651157187

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

TYLER A. GOLD, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
1000 S. PINE ISLAND RD.

Suite, Apt. #, Etc.

#310

City

PLANTATION

State

FL

Zip Code

33324

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

Tyler Gold
REGISTERED AGENT MUST SIGN

Date 07/16/2004

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
PD	TYLER A. GOLD	1000 S. PINE ISLAND RD., #310	PLANTATION, FL 33324
VD	DR. HEINZ B. OHMEN	3600 GALT OCEAN DR., #11A	FT. LAUDERDALE, FL 33308

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:

Tyler Gold, (Tyler Gold)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/16/2004

Date

954-565-5577

Daytime Phone #

CR2E061 (01/04)