

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -1 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000112299**

1. Corporation Name

**CANO EYE CLINIC, INC.**

Principal Place of Business

Mailing Address

**9990 BELVEDERE ROAD  
ROYAL PALM BEACH FL 33411**

**9990 BELVEDERE ROAD  
ROYAL PALM BEACH FL 33411**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/17/2002**

5. FEI Number

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
<b>D</b>	<b>CANO, MICHAEL A</b>	<b>9990 BELVEDERE ROAD</b>	<b>ROYAL PALM BEACH FL 33411</b>

**500025127755**

**12/01/03-01071-029 \*\*550.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CANO, MICHAEL A  
9990 BELVEDERE ROAD  
ROYAL PALM BEACH FL 33411**

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

REGISTERED AGENT MUST SIGN

Date **10/9/03**

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

Date

Daytime Phone #

**10/9/03 561-798-0903**

CR2E040 (7/03)

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl 32314

Re: Cano Eye Clinic, Inc.  
Doc# P02000112299  
Michael Cano OD  
9990 Belvedere Rd.  
RPB, Fl. 33411

I never received the initial Uniform Business Report. I have enclosed a check for the amount required to file. I am sorry for any inconvenience.

Sincerely,  
Dr. Michael Cano

A handwritten signature in black ink, appearing to read "Michael Cano", written in a cursive style.