2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000116355

1. Entity Name
ROBERT E. LUCKEY, O.D., P.A.

FILED
2008 APR 14 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04102008 REIN-P CR2E098 (1/07) 07-08

Principal Place of Business	Mailing Address
3407 LINTOWER DR. LAND O' LAKES, FL 34638	3407 LINTOWER DR. LAND O' LAKES, FL 34638

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
18017 Highwoods Preserve Pkwy	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State
Zip: 33647 Country: USA	Zip Country

4. FEI Number: 45-0528703 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ✗ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUCKEY, ROBERT E 3407 LINTOWER DR. LAND O' LAKES, FL 34638	Name: N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/10/08

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCKEY, ROBERT E 3407 LINTOWER DR. LAND O' LAKES, FL 34638 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400123279754 04/14/08--01049--029 **308.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-10-08 — Daytime Phone #: 813 866-4004

B. Mitchell APR 14 2008