

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000047237

**FILED**  
**Oct 15, 2010**  
**Secretary of State**

**Entity Name:** DAVIE BLVD EYE CARE CENTER, INC.

**Current Principal Place of Business:**

3252 DAVIE BLVD  
FT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

3252 DAVIE BLVD  
FT LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 90-0493891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VASQUEZ, MANUEL E  
3252 DAVIE BLVD  
FT LAUDERDALE, FL 33312 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** MANUEL VASQUEZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** ROTHSTEIN, DSTEPHEN B DR.  
**Address:** 3252 DAVIE BLVD  
**City-St-Zip:** FT LAUDERDALE, FL 33312

**Title:** VPD  
**Name:** VASQUEZ, MANUEL E  
**Address:** 3252 DAVIE BLVD  
**City-St-Zip:** FT LAUDERDALE, FL 33312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MANUEL VASQUEZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

10/15/2010

\_\_\_\_\_  
Date