

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 19 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P37132**

1. Corporation Name

APOLLO EYE GROUP, INC.

Principal Place of Business

Mailing Address

2424 N. FEDERAL HIGHWAY
~~SUITE 362~~
BOCA RATON FL 33431
US

2424 N FEDERAL HIGHWAY
~~SUITE 362~~
BOCA RATON FL 33431
US

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



REINSTATEMENT 98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0257498

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DC	COOK, JAMES R MD	2424 N FEDERAL HWY., SUITE 362	BOCA RATON FL
DVS	MOLINARO, PETER J JR	2424 N FEDERAL HWY., SUITE 362	BOCA RATON FL
DT	DAMRON JR., J R	2424 N FEDERAL HWY., SUITE 362	BOCA RATON FL
D	PRELAZ, JOHN	2424 N FEDERAL HWY., SUITE 362	BOCA RATON FL

700002695067--8
-11/24/98-01021-013
***750.00 ***750.00
11/10/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DILLON, KATHRYN
2424 NORTH FEDERAL HIGHWAY
~~SUITE 362~~
BOCA RATON FL 33431

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-13-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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.

JR DAMRON JR

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/98

Date

Daytime Phone #

CR20040 (01/98)