

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

paid

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 MAY -9 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **992000011232**
1. Corporation Name **EYE REFERRALS, Inc.**

Principal Place of Business Mailing Address
**2740 Hollywood Blvd.
Hollywood FL 33020**

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		4. Date Incorporated or Qualified To Do Business in Florida 12-11-92	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0373685 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
	Please see attached document:		
			800002181698--0 -05/16/97--01097--010 ****915.00 ****915.00

REINSTATEMENT

*90970
515A7*

8. Name and Address of Current Registered Agent

**LEE R. DUFFNER MD
185 Ocean Blvd
Golden Bch, FL 33060**

9. Name and Address of New Registered Agent

Name **LEE R. DUFFNER MD.**
Street Address (P.O. Box Number is Not Acceptable) **2740 Hollywood Blvd**
Suite, Apt. #, Etc.
City **Hwd** State **FL** Zip Code **33020**

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 **X** *[Signature]*
REGISTERED AGENT MUST SIGN

Date **4 May 97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **X** *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4 May 97**
Daytime Phone #

CR2E040 (12/96)

LEE R. DUFFNER M.D. PRESIDENT
185 OCEAN BLVD.
GOLDEN BEACH, FL 33060
305-931-6584

ARTHUR FISHMAN, M.D. DIRECTOR
5321 NO. 36TH COURT
HOLLYWOOD, FL 33021
305-963-6133

ALAN LANE, M.D. DIRECTOR
4201 CASPER COURT
HOLLYWOOD, FL 33021
305-962-9617

ALAN MENDELSON, M.D. VICE PRESIDENT
3101 NO 47TH AVE..
HOLLYWOOD, FL 33021
305-962-0505

JOEL SANDBERG, M.D. TREASURER
19010 N.E. 20TH AVE.
NO. MIAMI BCH., FL 33179
305-962-9236

SAMUEL WINN, M.D. SECRETARY
301 SO. 10TH AVE.
HOLLYWOOD, FL 33019
305-922-9650

GARY STONE, M.D. DIRECTOR
1400 NE MIAMI GARDENS DRIVE
SUITE 219
NORTH MIAMI BEACH, FL 33179

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