

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000024968

1. Corporation Name

EYE OPTICS OF MIAMI, INC.

Principal Place of Business

Mailing Address

20335 BISCAYNE BLVD #38  
N MIAMI BEACH FL 33180

20335 BISCAYNE BLVD #38  
N MIAMI BEACH FL 33180

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

04/02/1993

5. FEI Number

65-0502825

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
PSD	SHEIR, ROBERT	20335 BISCAYNE BLVD #38	N MIAMI BEACH FL 33180

8. Name and Address of Current Registered Agent

SHEIR, ROBERT  
20335 BISCAYNE BLVD #38  
N MIAMI BEACH FL 33180

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/23/01

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.

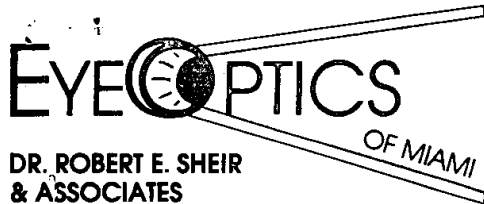
SIGNATURE:

Robert Sheir

Date

Daytime Phone #

10/23/01 3059322020



October 23, 2001

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: EYE OPTICS OF MIAMI  
Reference: P93000024968

To Whom It May Concern:

I am writing this letter to advise you that I would like to have the notice of administrative dissolution reviewed.

In April of 2001, I mailed my documents with the attached check to maintain "active status for my corporation". My check was cashed and I thought that all was OK. I just received an application for Reinstatement of my Corporation. I called and spoke with Leslie in your office who recommended that I send a letter with the attached documents. As I never received any other documentation for signature, I would appreciate it if you would accept this with no penalty.

Thank you and I look forward to hearing from you soon.

Sincerely,

Robert Sheir, O.D.  
RS/kh