

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000040280

1. Corporation Name

M. H. Vision Services, Inc.

2. Principal Office Address - No P.O. Box #

2260 River Cliff Drive

Suite, Apt. #, etc.

City & State

Roswell, Georgia

Zip

30076

Country

Fulton

3. Mailing Office Address

11030 Bell Rd.

Suite, Apt. #, etc.

suite 240

City & State

Duluth, Georgia

Zip

30097

Country

Fulton

4. Date Incorporated or Qualified

To Do Business in Florida 08/1994

5. FEI Number

59-3245852

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Dr. Mark Hegetschweiler

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

323 Spruce Street

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33426

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Date

3/14/2008

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Mark Hegetschweiler	2260 River Cliff Drive	Roswell, Georgia 30076
Secty	Susan Hegetschweiler	2260 River Cliff Drive	Roswell, Georgia 30076

10. 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 contained in Chapter 119, 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:

*[Signature]* DR. MARK HEGETSCHWEILER Pres

3/14/2008 (404) 888810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 MAR 20 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT 96-08