


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT <i>UBR</i>				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000077472					
1. Corporation Name Theodore M. Brink and Associates, P.A.					
2. Principal Office Address 9398-1 Arlington Expressway			3. Mailing Office Address 11406-1 San Jose Blvd		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Jacksonville FL		City & State Jacksonville FL		4. Date Incorporated or Qualified To Do Business in Florida 10-17-1994	
Zip 32225	Country USA	Zip 32223	Country USA	5. FEI Number 593274638	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Theodore M. Brink 100004718981-5					
Street Address (P.O. Box Number is Not Acceptable) 11406-1 San Jose Blvd.					
Suite, Apt. #, Etc.					
City Jacksonville				State FL	Zip Code 32223
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 <i>[Signature]</i>				Date 11-2-01	
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	
D	Theodore M. Brink	11406-1 San Jose Blvd		Jacksonville FL 32223	
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 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: <i>[Signature]</i>				Date 11-2-01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 904-260-3839	

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E081 (9/00)

DR. TED BRINK AND ASSOCIATES

PRIMARY CARE OPTOMETRY
2778 COBB PARKWAY
ATLANTA, GA 30339
(770) 859-1668

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

Dear Sir or Madam:

I have attached the corporation reinstatement and the 2001 Uniform Business Report for the above named company. Please waive all late fees due to the fact that I did not receive the original form or any late notices pertaining to the report. The above named company has filed all reports on a timely basis in the past years.

I am including a check for \$158.75. This amount includes \$8.75 for a certificate status.

Thank you for your attention in this matter. Please call me at 770-859-1668 if you have any questions or if I can be of further assistance.

Sincerely,

Jean Howard
Accountant