

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 15 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9400000087334

1. Corporation Name

EYECARE MANAGEMENT OF FLORIDA, INC.

100009022041
11/15/02--01052--016 **750.00

REINSTATEMENT 02

2. Principal Office Address

11406 SAN JOSE BLVD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 1

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip

32223

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/28/94

5. FEI Number

59-3289969

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

THEODORE M. BRINK

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

11406 SAN JOSE BLVD.

Suite, Apt. #, Etc.

SUITE 1

City

JACKSONVILLE

State

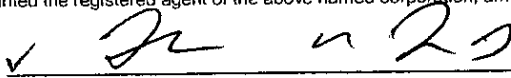
FL

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



Date

11-12-02

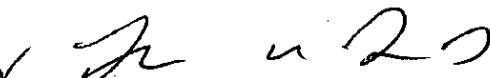
REGISTERED AGENT MUST SIGN

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 SAN JOSE BLVD	JACKSONVILLE, FL 32223
P	ROBERT M. BLUM	2778 COBB PARKWAY	ATLANTA, GA 30339
VP	PETER J. MORESI	2778 COBB PARKWAY	ATLANTA, GA 30339

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:



Date

11-12-02

Daytime Phone #

CR2E081 (9/01)