

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 NOV 28 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000036955

1. Corporation Name

VISION CARE, INC.

Principal Place of Business

1511 N WESTSHORE BLVD  
STE 1000  
TAMPA FL 33630  
US

Mailing Address

5775 BLUE LAGOON DRIVE  
STE 400  
MIAMI FL 33126  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/09/1995

5. FEI Number

59-3356439

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
CEO	BRAVERMAN, HOWARD	1511 N WESTSHORE BLVD, #1000	TAMPA FL 33630
<del>PD</del>	<del>SHAPIRO, SHIRLEY I</del>	<del>5775 BLUE LAGOON DRIVE, #400</del>	<del>MIAMI FL 33126</del>
PD	Phyllis Klock	100 Mansell Court E., Ste 400	Roswell, GA 30076
<del>VCD</del>	<del>LEVINE, HOWARD</del>	<del>5775 BLUE LAGOON DRIVE, #400</del>	<del>MIAMI FL 33126</del>
SD	Bruce Mitchell	100 Mansell Court E., Ste. 400	Roswell, GA 30076
<del>D</del>	<del>YOUNG, BRUCE A</del>	<del>5775 BLUE LAGOON DRIVE, #400</del>	<del>MIAMI FL 33126</del>
TD	Keith Yoder	100 Mansell Court E., Ste. 400	Roswell, GA 30076
<del>D</del>	<del>GORMAN, MICHAEL A</del>	<del>50 KENNEDY PLAZA</del>	<del>PROVIDENCE RI 02909</del>
D	David Klock	100 Mansell Court E., Ste 400	Roswell, GA 30076
<del>S</del>	<del>BERMAN, MARLA I</del>	<del>5775 BLUE LAGOON DRIVE, #400</del>	<del>MIAMI FL 33126</del>
D	Peter Liane	1511 N Westshore Blvd., #1000	Tampa, FL 33630

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

FL

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

*Dale W. Morris*

DALE W. MORRIS  
ASSISTANT VICE-PRESIDENT

REGISTERED AGENT MUST SIGN

Date

11/21/01

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:

*Bruce Mitchell*

Bruce Mitchell Secretary

11-7-01

770-998-8936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #