

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000060723

1. Corporation Name

SOUTH FLORIDA OPHTHALMICS, INC.

Principal Place of Business

Mailing Address

5901 TOWN BAY DRIVE
#827
BOCA RATON FL 33486
US

PO BOX 276154
BOCA RATON FL 33427-6154
US

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

2. New Principal Office Address, If Applicable

9453 Aegean Dr.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

9453 Aegean Dr.
Suite, Apt. #, etc.

City & State

Boca Raton, FL.

City & State

Boca Raton, FL.

Zip

33496

Country

USA

Zip

33496

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/1995

5. FEI Number

45-0640369

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
P	LA FEVERS, LUCIA	2001 S CONFERENCE DR 9453 Aegean Dr.	BOCA RATON FL 33486 Boca Raton, FL 33496
			500003497295--5 -12/12/00--01071--002 ***\$600.00 ***\$600.00
			7/12/00 90005/043 \$150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LS

LA FEVERS, LUCIA
5901 TOWN BAY DRIVE
#827
BOCA RATON FL 33486

Name

Lucia La Fevers

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

9453 Aegean Dr.

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33496

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/18/00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/00

Date

(561) 212-6203

Daytime Phone #

FILED

00 NOV 22 PM 3: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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