

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000060723

1. Corporation Name

South Florida Ophthalmics, Inc

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

9398 Boca River Circle

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33434

Country

USA

3. Mailing Office Address

9398 Boca River Circle

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33434

Country

USA

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEIN Number

45-0640369

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE INSTRUCTIONS FOR REQUIRED
or a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Lucia La Fevers

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

9398 Boca River Circle

Suite, Apt. #, Etc.

City
Boca Raton

State
FL

Zip Code
33434

☒ 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

REGISTERED AGENT MUST SIGN

Date **9/20/07**

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	Lucia La Fevers	9398 Boca River Circle	Boca Raton, FL 33434

89/26

600109826476
09/24/07--01048--009 **450.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/20/07 (561) 212-6203

Date

Daytime Phone #