

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC 30 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000062167

1. Corporation Name

TAMPA EYE INSTRUMENTS, INC.

Principal Place of Business

Mailing Address

1000 S. HARBOR ISLAND BLVD.
UNIT 2605
TAMPA FL 33602

1000 S. HARBOR ISLAND BLVD.
UNIT 2605
TAMPA FL 33602

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/1995

5. FEI Number

59-3345490

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	ROWSEY, J. JAMES	1000 S. HARBOR ISLAND BLVD., UNI	TAMPA FL 33602
VD	FOURAKER, BRADLEY D M.D.	4905 BAYWAY	TAMPA FL 33629
SD	STEVENS, SCOTT X M.D. ROWSEY, JUDITH	1801 RICHARDSON PLACE UNIT 2605 1000 S. HARBOR ISLAND BLVD	TAMPA FL 33606 TAMPA FL 33602
TD	BOWYER, BARRY L M.S. FOURAKER, VICKI	1754 GROVE DRIVE 4905 BAYWAY PLACE	GLEAWATER FL 34619 TAMPA FL 33609
			7000002735687--5 -01/08/99--01/22--009
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROWSEY, J. JAMES M.D.
1000 S. HARBOR ISLAND BLVD.
UNIT 2605
TAMPA FL 33602

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 Dec 25/1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(f), 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

Date

Dec 25/1998

Daytime Phone #

CR2E040 (8/98)