

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

00 APR -5 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA6000007574

1. Corporation Name

Vision Correction Associates, P.A.

2. Principal Office Address

301 Yamato Road

Suite, Apt. #, etc.

Ste 1240

City & State

Boca Raton, Florida

Zip

33431

Country

Palm Beach

3. Mailing Office Address

6701 Democracy Blvd.

Suite, Apt. #, etc.

Ste 200

City & State

Bethesda Maryland

Zip

20817

Country

Montgomery

REINSTATEMENT 99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

Jan 24, 1996

5. FEI Number

65-0641097

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

700003213447-3

-04718/00--01111-113

****908.75 ****908.75

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

Robert La Peters

REGISTERED AGENT MUST SIGN

Robin La Peters

Date

March 31, 2000

Asst. Vice President

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
P/P/S	Charles M. Citrin, M.D.	6701 Democracy Blvd. ^{Ste.} 200	Bethesda, MD 20817

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:

Charles Citrin, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Citrin, M.D.

Date

March 15/00

Daytime Phone #

301-424-1781

KE

CR2E081 (9/99)