

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

1999 JUL -8 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **98-99AR**
946000008663

1. Corporation Name

Eyo Cano Carters, Inc

Principal Place of Business

Mailing Address

**7211 N. Dale Mabry Hwy Ste 108
Tampa Fla 33614**

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

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3359521

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	TERRY KATZMAN MD	P.O. Box 20006	Tampa FLA 33622-0006

**000002927690--4
-07/09/99--01087--004
****300.00 ****300.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**JOHN FISCHER IV
100 N Tampa St Ste 3500
Tampa FLA 33601-3310**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

33614

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

REGISTERED AGENT MUST SIGN

Date **6/30/99**

11. This corporation owes 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 in 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/30/99

913-930-2020

CR2E081 (12/98)

Eye Care Centers, Inc.
P. O. Box 2006
Tampa, FL 33622-0006
(813) 930-2020

June 30, 1999

Via Federal Express

Andy Dunlap
Document Specialist Supervisor
Florida Department of State
Division of Corporations - Corporate Records
P. O. Box 6327
Tallahassee, FL 32314

Subject: Eye Care Centers, Inc.
Reference #P96000008663
Re: Letter #499A0032488

Dear Mr. Dunlap:

I am today in receipt of your letter dated June 17, 1999 which was generated following our conversation concerning the corporate fees paid by Eye Care Centers to date. As per our discussion, Eye Care Centers had forwarded payment to the Florida Department of State but by happenstance was informed that payment was not received nor were any forms received.

As you may recall, in 1998 we were informed that by sending the payment directly to the Florida Department of State the corporation would be maintained currently, however, we would not receive any forms from your office due to a computer glitch. We simply took a previous form and sent payment to your offices. Since you are at this point not showing any record of payment and, in fact, the dissolution of Eye Care Centers, Inc., enclosed please find the check you requested for \$300 with this cover letter so that the corporation may be reinstated retroactively without lapse. If future payments are required, please notify me as soon as possible since we have no objection to prepaying our fees to eliminate this glitch in the future.

I appreciate your cooperation in this matter. Please feel free to call me if you have any questions at (813) 930-2020.

Yours truly,



Jerry Katzman, M.D.
President
Eye Care Centers, Inc.

JK/cs
Enclosure
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