

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
REINSTATEMENT

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

FILED

00 NOV 27 AM 11:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

DAW0004079
Healthsight, Inc.

2. Principal Office Address

P.O. Box 14-3976

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 14-3976

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33114-3976

Country

USA

City & State

Coral Gables, FL

Zip

33114-3976

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/10/96

5. FEI Number

65-0676363

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

Henry Alvarez

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

12793 Old Cutler Road

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33156

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

Henry Alvarez

REGISTERED AGENT MUST SIGN

Date

11/17/00

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	Henry Alvarez	12793 Old Cutler Road	Coral Gables/FL/33156
V/S	Irida R. Alvarez	12793 Old Cutler Road	Coral Gables/FL/33156

KE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry Alvarez

Date

11/17/00

Daytime Phone #

305-444-7192

CR2E081 (9/99)

Henry Alvarez, M.D., P.A.

Cornea, External Disease and Uveitis
Diseases and Surgery of the Eye

20f2
Diplomate of the American Board of Ophthalmology

Tel. (305) 444-7192
Fax (305) 444-5977

November 15, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Re: Application for reinstatement of Healthsight, Inc.

Enclose please find the application for reinstatement of Healthsight, Inc. along with check # 2188 in the amount of \$158.75, as per Ms. Michelle Milligan's instructions on 10/24/2000. The defendant of a lawsuit we initiated in 1996 has illegally diverted our mail on several occasions. Perhaps this is why we did not receive the first notice, second notice or notice of dissolution and application for reinstatement. However, we just recently received the notice of dissolution and application for reinstatement after our telephone conversation, when it was sent to our new P.O. Box rather than our former physical address. Kindly please take these extenuating circumstances into consideration.

Thank you in advance for your attention to this matter.

Sincerely,



Henry Alvarez MD, President of Healthsight, Inc.