

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 15 AM 11:05

1. Corporation Name

FLA. EYE EQUIPMENT, INC.

Principal Place of Business

Mailing Address

102 POLK ST W
~~AUBERNDALE~~ FL 33823
 LIS

102 POLK ST W
~~AUBERDALE~~ FL 33823
 US

Abstract

REINSTATEMENT

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

2. New Principal Office Address, If Applicable
102 Polk St W
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
102 Polk St W
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

06/24/1996

City & State
Auburndale, FL 33823

Zip
Country
US

City & State Auburndale, FL 33823
Zip Country US

5. FEI Number **59-3385868**

X	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	4 City / State / Zip
P	MYERS, JEROD L	14515 POTANOW TRAIL	ORLANDO FL
			900002515009-4 =12228700-10008-001 ****750.00 ****750.00
			BH 12/20

8. Name and Address of Current Registered Agent

MYERS, JEROD
102 POLK ST W
AUBERNDAL FL 33823

9. Name and Address of New Registered Agent

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

Date 12-12-00

REGISTERED AGENT MUST SIGN

11. 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

12-12-00

Date _____

863 967 0325

Daytime Phone #

0087159 A