

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000054012

1. Corporation Name

FLA. EYE EQUIPMENT, INC.

Principal Place of Business

102 POLK ST W
AUBURNDALE FL 33823
US

Mailing Address

102 POLK ST W
AUBURNDALE FL 33823
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/1996

Suite, Apt. #, etc.
2833 Hwy 92 East
City & State
Lakeland, FL

Suite, Apt. #, etc.
2833 Hwy 92 East
City & State
Lakeland, FL

Zip
33801

Country
USA

Zip
33801

Country
US

5. FEI Number

59-3385868

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	City / State / Zip
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P	MYERS, JEROD L	14515 POTANOW TRAIL	ORLANDO FL
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-11/16/01-01082-006

****750.00 ****750.00

REINSTATEMENT 01-18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MYERS, JEROD
102 POLK ST W
AUBURNDALE FL 33823

Name
Myers, Jerod
Street Address (P.O. Box Number is Not Acceptable)
2833 Hwy 92 East
Suite, Apt. #, Etc.
City
Lakeland
State
FL
Zip Code
33801

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 10-10-01

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

Date

10-10-01

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