

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT -3 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000075549

1. Corporation Name

PRICE - MAXWELL, INC.

2. Principal Office Address

Suite, Apt. #, etc.

**ESTERMAN EYE INSTITUTE**  
**1670 S. FEDERAL HWY.**

City & State **DELRAY BEACH, FL 33483**  
(561) 279-7799

Zip

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

**ESTERMAN EYE INSTITUTE**  
**1670 S. FEDERAL HWY.**

City & State **DELRAY BEACH, FL 33483**  
(561) 279-7799

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

August 1996

5. FEI Number

6506915948

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

Bradley T. Esterman, M.D.

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

Suite, Apt. #, Etc.

City

**ESTERMAN EYE INSTITUTE**  
**1670 S. FEDERAL HWY.**

**DELRAY BEACH, FL 33483**

(561) 279-7799

State  
**FL**

Zip Code

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

Bradley T. Esterman, M.D.  
REGISTERED AGENT MUST SIGN

Date 9-25-03

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
Pres.	BRADLEY ESTERMAN	1670 S. Federal Hwy.	Delray Beach, FL 33483
Treas.	SAME		
Secy.	SAME		

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:

Bradley T. Esterman, M.D.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-03  
Date

561-279-7799  
Daytime Phone #

CR2E081 (10/02)

2/10/7

OPHTHALMOLOGY

# ESTERMAN EYE INSTITUTE

V I S  
I  N  
C E N  
T E R

**BRADLEY J. ESTERMAN, M.D., P.A.**

1670 S. FEDERAL HIGHWAY

DELRAY BEACH, FL 33483

(561) 279-7799

(561) 279-7705 FAX

**September 25th, 2003**

**To: The Florida Department of State**

**From: Esterman Eye Institute**

**I am writing this letter because our office never received a form from you in 2000 and recently discovered through my bank that my corporation was involuntarily dissolved. After contacting your office I was informed that it was sent back to you due to a change in address. I was told that I need to send a check in the amount of \$600.00 only for a reinstatement fee.**

**Thank you for all your help.**

**Sincerely,**



**Bradley J. Esterman, M. D.**