

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

99 NOV 22 AM 11:57

DOCUMENT # P97000024971

1. Corporation Name

EYE CARE NETWORK OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

180 PARK AVENUE NORTH  
SUITE 200  
WINTER PARK FL 32789-7401

180 PARK AVENUE NORTH  
SUITE 200  
WINTER PARK FL 32789-7401



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

c/o Jill S. Schwartz

4. Date Incorporated or Qualified  
To Do Business in Florida

03/19/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

180 Park Ave N, Ste 200

5. FEI Number

59-3442540

Applied For

Not Applicable

City & State

City & State

Winter Park, FL 32789

Zip

Country

Zip

Country

ORange

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	SCHWARTZ, MARC F M.D.	331 N. Maitland Ave, Suite B-2 <del>WINTER PARK FL 32789</del>	Maitland, FL 32751 <del>WINTER PARK FL 32789</del>
S	OKUN, NEIL M.D.	2501 N. ORANGE AVE., STE. 401	ORLANDO FL 32804
VP	COOPERMAN, ELLIOT M.D.	311 EAST EVANS STREET	ORLANDO FL 32804
VP	SUSI, J. RICHARD D.O.	7326 LK. UNDERHILL RD.	ORLANDO FL 32822
T	GARVEY, JAMES M.D.	1350 S. ORLANDO AVE.	WINTER PARK FL 32789

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHWARTZ, JILL S ESQ.  
180 PARK AVENUE NORTH  
SUITE 200  
WINTER PARK FL 32789

Name

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

Suite, Apt. #, Etc.

City

200003059422

12/03/99 01005-002

\*\*\*150, 01 State Zip Code

FL

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

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

Date

Daytime Phone #

**JILL S. SCHWARTZ & ASSOCIATES, P.A.**

**ATTORNEYS AND COUNSELORS AT LAW**

**180 PARK AVENUE NORTH, SUITE 200  
WINTER PARK, FLORIDA 32789-7401**

JILL S. SCHWARTZ\*  
RISA B. KATZ  
JEFFREY FEULNER  
ANDREW G. WEDMORE

CYNTHIA N. SASS  
JAMES W. ANDERSON  
JEFFREY H. SAVLOV  
OF COUNSEL

\*CERTIFIED MEDIATOR  
ALSO ADMITTED IN MD.

TELEPHONE: 407-647-8911  
FACSIMILE: 407-628-4994  
EMAIL: SCHWARTZ.LAW@PRODIGY.NET

ALSO AVAILABLE FOR  
CONSULTATION AT:  
100 SOUTH ASHLEY DRIVE  
SUITE 1180  
TAMPA, FLORIDA 33602

October 18, 1999

**VIA FEDERAL EXPRESS**

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

**Re: Eye Care Network of Central Florida, Inc.  
FEI Number: 59-3442540  
Date Incorporated: 03/19/99**

Dear Sir or Madam:

This letter follows my telephone call to our offices on today's date. We are in receipt of Notice of Administrative Dissolution or Revocation for the above-referenced corporation.

I am the office manager for the law office of Jill S. Schwartz & Associates, P.A., Jill S. Schwartz, Esquire, the registered agent for Eye Care Network of Central Florida, Inc. Our office never received the Annual report for filing at the beginning of the year. Likewise, we have never received a second notice Annual report.

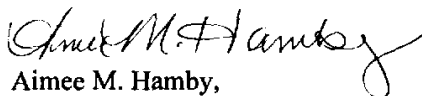
Pursuant to my conversation with your offices, I am enclosing our firm's check in the amount of One Hundred Fifty-Dollars (\$150.00) with this letter. Please void the Administrative Dissolution of the above-referenced corporation. Please note that all future correspondence should be directed to:

EYE CARE NETWORK OF CENTRAL FLORIDA, INC.  
C/O JILL S. SCHWARTZ & ASSOCIATES, P.A.  
180 Park Avenue North, Suite 200  
Winter Park, Florida 32789

**Please note that if our firm's name is not specified within the mailing address, there are several other businesses within our building which may receive our mail in error.**

Thank you for your attention to this matter.

Sincerely,



Aimee M. Hamby,  
Office Manager

amh/  
Enclosure