PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000028737 DOCUMENT #

1. Corporation Name

FLORIDA EYE PHYSICIANS, P.A.

FILED

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SECRETARY OF STATE THE EARIASSEE, FLORIDA

·				Mailing Address						
				375 - 66th Street, North inellas Park, FL 33782						
rinei.	tas rai.	K, FL 33702	Lineira	S Lair	, PL	22702	1.			
			. •				REINS	TATEMEN	T 09-	OC
If above ac	ddresses are	incorrect in any way, line thro	ough incorrect in	formation a	nd enter o	orrection below.	·		-	and a
				ing Office Address, If Applicable Park Place Drive			4. Date Incorporated or Qualified To Do Business in Florida March 31, 1997			
Suite, Apt. #, etc. Suite, Apt. #				, etc.			5. FEI Numb	ėr	Applied	1 For
City & State	Florid	City & State Largo, Florida 33778			3778 	59-3438692 Not Applicable				
Zip 33778	Country				Country	<u>,, , , , , , , , , , , , , , , , , , ,</u>		TE OF STATUS DESIRED 🔽	\$8.75 Additional Fee for a Certificate of	
7. Names a	and Street Add	dresses of Each Officer and/	or Director (Flo	rida nonprofi	it corporat	tions must list at	least 3 directors)			
Title(s)	2	Name of Officers and/or Directors	Offi			eet Address of Each icer and/or Director e Post Office Box Numbers)		City / State / Zip		
DPST	Richar	d L. Short, D.O	· .	10626	Park	Place Dr	ive	Largo, Florid	a 33778	
				, .			¥	0000321	<u>9715</u> -01029009	-9_
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	· .								, ,	
	····									
	8 Nam	e and Address of Current F	Registered Age	nt			9. Name and	Address of New Register	ed_Agent	
	1 T. Cr	onin, Esquire					ard L. Sh		•	
	lorida 34616	/ W - \$ - \$		Street Address (P.O. Box Number is Not Acceptable) - 10626 Park Place Drive						
						Suite, Apt. #, E	itc.			
	<u> </u>	registered agent of the ago		ration - T	amiliar with	City Lar		F	Zip Code 33778	}
TV. T. Deina	appointed in	e registereg agent onthe abo	NE MALLICU CUIDO	ıαυ∪ı, ain⊾i	accum o n VVII	n and accept tile	ODINGRIOUS OF SHO	AUDITOUT, COUD, F.O.		,

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

gistered agent of

No 🖳 Yes L

(See other side for information on intangible tax.)

12. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

10. I, being appointed the

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard L. Short, D.O., President

REGISTERED AGENT MUST SIGN