

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

bf2

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 NOV 20 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000033786**

1. Corporation Name

**CANTOR'S OPTICAL SOLUTION, INC.**

Principal Place of Business

Mailing Address

5859 W. ATLANTIC AVENUE  
DELRAY BEACH FL 33484

5859 W. ATLANTIC AVENUE  
DELRAY BEACH FL 33484

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/15/1997

5. FEI Number

65-0747743

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CANTOR, DAVID	5859 W. ATLANTIC AVENUE	DELRAY BEACH FL 33484

300002698503--3  
-12/01/98-01024--003  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CANTOR, DAVID  
% LAKESIDE SHOPPES, B-8  
5859 W. ATLANTIC AVENUE  
DELRAY BEACH FL 33484

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

*David Cantor*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11/12/98

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

Yes ☒ No ☐

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

SIGNATURE:

*David Cantor*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/98

Daytime Phone #

561-498-2443

CR2E040 (8/98)

2012

Apple Eye Care Center

David A. Cantor  
President

To Whom it may concern,  
I have not received  
any of my Annual Report Forms.  
I called & WAS instructed to  
tell you this in this letter &  
send the check for \$150  
AS I did. Thank You

DAVID CANTOR  
CANTORS OPTICAL  
SOLUTION