

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED
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TALLAHASSEE, FLORIDA

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REINSTATEMENT 01-06

CR2004 (12/05)
FEB 21 2006

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000051047

1. Corporation Name
R.W. SERA, O.D. INC.
4250 LEAFWAY CIRCLE
LEESBURG FL 34748

2. Principal Office Address <u>4250 LEAFWAY CIRCLE</u>		3. Mailing Office Address <u>Same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>LEESBURG FL</u>		City & State	
Zip <u>34748</u>	Country <u>U.S.</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 6/10/97

5. FEI Number 59-3452398

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name RALPH W. SERA, O.D.

Street Address (P.O. Box Number is Not Acceptable)
4250 LEAFWAY CIRCLE

Suite, Apt. #, Etc.

City LEESBURG

State FL Zip Code 34748

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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
AND	RALPH W. SERA, O.D.	4250 LEAFWAY CIRCLE	LEESBURG FL 34748
STD	BARBARA J. SERA	4250 LEAFWAY CIRCLE	LEESBURG FL 34748

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 contained in Chapter 119, 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: Ralph W. Sera, O.D. 02/13/06 3523142709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1220

ACCURATE ACCOUNTING BY LONO, INC.

789 OAK DRIVE
CLERMONT, FLORIDA 34711
PHONE: (352) 394-6965
E-MAIL: cslono@earthlink.net

January 11, 2006

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

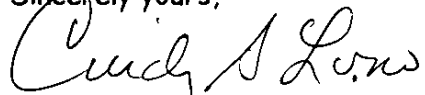
RE: R. W. Sera, O.D., Inc.
Federal ID #59-3452398
Document #P97000051047

Gentlemen:

It has come to the taxpayer's attention that the above referenced corporation has been dissolved due to not filing the annual reports required since 2001. During this time period, the shareholder moved from his Clermont, Florida address to 4250 Leafway Circle, Leesburg, FL 34748. When the shareholder moved, he had his mail forwarded for the typical six months. After that time period, he requested additional time to have his mail forwarded just to be careful. He never received his annual report form or notification of the annual report being due. Then he never received the notice that his corporation was to be dissolved to non-filing. This taxpayer has always used due diligence in filing returns due in a timely manner, and is quite upset that this return had been overlooked. Please be assured that this mistake will not be repeated.

We are enclosing the taxpayer's check in the amount of \$900, to cover the annual report fees from 2001 through 2006. We respectfully request that the taxpayer's check be accepted and the corporation be reinstated. Your consideration of our request will be greatly appreciated.

Sincerely yours,


Cindy S. Lono

Enclosure
c: R. W. Sera, O.D., Inc.