

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 15 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000052935

1. Corporation Name

UNIVERSITY EYE CARE/OPTICAL, P.A.

2. Principal Office Address

8380 N. Lockwood Rdg Rd
Unit 22A Center at
University Parkway
Suite, Apt. #, etc.

3. Mailing Office Address

Same

City & State

Sarasota, FL XXXXXXXX

City & State

Zip

34243

Country

Manatee

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6-16-97

SP

5. FEI Number

65-0998272

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

THOMAS W. HARRISON

300003521649-9

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

1206 Manatee Avenue West

-01/03/01--01034--05

***1058.75 ***1058.75

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

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

REGISTERED AGENT MUST SIGN

Date

12/13/00

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
P,C,D	KENNETH W. LAWSON, O.D.	5632 - 26th Street West	Bradenton, FL 34207
P,S,D	JAMIE S. LAWSON, O.D.	5632 - 26th Street West	Bradenton, FL 34207
T,D	GLENN ALTMAN, O.D.	8380 N. LOCKWOOD RIDGE ROAD 5632 - 26th Street West	Sarasota 34243 Bradenton, FL 34207

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-00

Date

19413512218

Daytime Phone #