

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000062990

1. Corporation Name

EYE CARE SERVICES OF AMERICA, INC.

Principal Place of Business

1295 NW 14 STREET STE C
MIAMI FL 33125

Mailing Address

1295 NW 14 STREET STE C
MIAMI FL 33125

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

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
Dr.	Louis R. Keilson	1295 NW 14 th St, Suite C	MIAMI FL 33125
Dr.	Morris Segall	1295 NW 14 th St, Suite C	Miami FL 33125
MR.	Robert Carmichael	1295 NW 14 th St Suite C	Miami FL 33125

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KUPERSTEIN, STANLEY H
1420 BRICKELL AVE 6 FL 28th
MIAMI FL 33131

Name STANLEY KUPERSTEIN
Street Address (P.O. Box Number is Not Acceptable)
28th Floor ONE S.E. 3rd AVE.
Suite, Apt. #, Etc.

City MIAMI

State FL

Zip Code 33131

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 2/25/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Carmichael

2/26/99

305-545-0800

FILED

99 MAR -5 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

08 99 268 315 1999

4. Date Incorporated or Qualified To Do Business in Florida

07/21/1997

5. FEI Number

65-0787154

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

CR2EMC (9/98)