

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 24 PM 1:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000074081

1. Corporation Name

QUALITY CARE OPTICAL, INC.

Principal Place of Business

Mailing Address

840 US HWY. 1. STE. 425
N. PALM BEACH FL 33408

840 US HWY. 1. STE. 425
N. PALM BEACH FL 33408

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0780403

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ROSENBLUM, PAUL D	840 US HWY 1 SUITE 425	N PALM BEACH FL 33408

8000003478178-3
-11/28/00--01046--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSENBLUM, PAUL
840 US HWY. 1, STE. 425
N. PALM BEACH FL 33408

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

SIGNATURE REQUIRED

Date 10/19/00

REGISTERED AGENT MUST SIGN

11. 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.

KE

SIGNATURE:

SIGNATURE REQUIRED
Paul D Rosenblum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/00

Daytime Phone #

561-627-6333

CR2E040 (8/00)

2062

Paul D. Rosenblum, MD, PA
840 US Highway 1, Ste. 430
North Palm Beach, Florida 33408

October 17, 2000

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

Re: Paul D. Rosenblum, MD, PA
Quality Care Optical, Inc.

Gentlemen:

This letter is in response to your Notice of Administrative Dissolution or Revocation received for the above referenced corporations. Please be advised that we do not have any record of receiving a corporate annual report for either of the above referenced corporations during the year 2000 or any subsequent correspondence from the State of Florida prior to these notices of dissolution. During this past year my corporations have had a change over of office managers and it is entirely possible that we either never received the annual reports or that the prior office manager may have misplaced the originals. Since I have never been delinquent in any of my filings and have taken adequate measures that this will not occur in the future, I am respectfully requesting that you abate the \$600.00 reinstatement fees for both corporations. Please accept the enclosed checks in the amount of \$150.00 each for payment of the year 2000 corporate annual report and supplemental fees.

Thank you for your cooperation in this matter. If you should have any questions, please do not hesitate to contact me.

Sincerely,



Dr. Paul D. Rosenblum, President