

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P97000094342 (7)

1 Corporation Name

AVENTURA EYE ASSOCIATES, P.A.

Principal Place of Business

1241 N W 100 WAY
PLANTATION, FL 33322

Mailing Address

SAME

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

11/04/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 FEI Number

65-0790190

Applied For

Not Applicable

City & State

City & State

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional fee required
for a Certificate of Status

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
D	DEBORAH SMALL, O.D.	1241 N W 100 WAY	PLANTATION, FL 33322
			SP

8. Name and Address of Current Registered Agent

DEBORAH SMALL, O.D.
1241 N W 100 WAY
PLANTATION, FL 33322

9. Name and Address of New Registered Agent

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

X Dsmall

REGISTERED AGENT MUST SIGN

Date

11-6-99

11. This corporation owes 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: X

Dsmall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/1999

Date

Daytime Phone #

CR2E061 (12/98)

NEIL J. MORNICK, C.P.A.
CERTIFIED PUBLIC ACCOUNTANT
Kendall Summit Executive Centre, #204
11440 N. Kendall Drive
Miami, FL 33176
Tel. (305) 598-2224
Fax. (305) 598-2226

November 6, 1999

Reinstatement Division
Florida Dept of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: Aventura Eye Associates, PA

Gentlemen:

Further to the telephone conversation between Tyrone from your office and Kathy Kwok of my office last week, enclosed please find the completed and signed Application for Reinstatement with check for \$300 being renewal fees for 1998 and 1999.

As explained to Tyrone, the 1998 annual report together with a check for \$150 were returned by the Dept of State when the FEI number was not filled out. Taxpayer did return the completed form but heard nothing from your Department thereafter. As for 1999, taxpayer never received any annual report partly I think because the address change.

I appreciate your understanding and thank you very much for the abatement of penalties. I do understand it is a one-time waiver.

Sincerely,



Neil J. Mornick, CPA

NJM/kk
Enc.

cc: Client