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READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P98000003175 **DOCUMENT #**

1. Corporation Name

BISCAYNE VISION CENTER, P.A.

Principal Place of Business

Mailing Address

FILED

01 NOV 21 PN 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



### 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 3. New Mailing Office Address, if Applicable 5. FEI Number 5. FEI Number 5. FEI Number 6. City & State City & State & City & State City & State & City & State & City & State Thile(a) 2. Name of Officer and/or Director (Florida nonprofit corporations must test at least 3 directors) Street Address of Each Officer and/or Director & A City / State / Zip Thile(a) 2. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name 1. LEVY, J. HARRIS 1. HARRIS 1. HARRIS Street Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address of Section 607.0505, F.S. City State Zip Code FL City State Zip Code City State Zi	542 NE 82 S MIAMI FL 33	-		542 NE 82 ST Miami Fl. 331						
2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable 4. Data incorporated or Qualified To be Business in Florida 01/12/1998 Suffe, Apt. #, etc. Suffe, Apt. #, etc. Suffe, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Country Certificate of Status DESIRED 3. FEI Number 65-0805005 Applied For Not Applicable CERTIFICATE OF STATUS DESIRED 3. Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(e) 2	If shows addresses are incorrect in any way, line through innorrect information and enter correction below.						EMS.		01	L
Suite, Apt. 1, etc. Suite, Apt. 2, etc. Suite, Ap				g Office Address, If Applicable 4.		Date Incorporated or Qualified				
Solution	Suite, Apt. #, etc. Suite, Apt. #,		etc.		5. FEI Numbe	er .	<u> </u>	_		
Zip Country Centrity	City & State	e		City & State]			
Title(s) 2 Name of Officers 3 Street Address of Each Officer and for Director 4 City / State / Zip	Zip	·	Country	Zip	Country	у				
Title(s) 2 and/or Directors 3 Officer and/or Director 4 City / State / Zp PTD LEVY, J. HARRIS 1541 BRICKELL AVE, STE 3602 MIAMI FL 33129 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent	7. Names a	and Street Ad	dresses of Each Officer and	/or Director (Flo	rida nonprofit corpora	tions must list at lea	ast 3 directors)			
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name LÉVY, J. HARRIS 1541 BRICKELL AVE SiE 3602 MIAMI FL 33129 Signature of X	Title(s)	Fitle(s)		Officer and for Director						
8. Name and Address of Current Registered Agent 1. Name 1. LEVY, J. HARRIS 1. 1541 BRICKELL AVE 1. Site 3602 MIAMI FL 33129 1. Levy State Zip Code	PTD	LEVY, J. HARRIS 1541 BRIG		1541 BRICKELL A	CKELL AVE, STE 3602		MIAMI FL 33129			
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8. Name and Address of Current Registered Agent Name LEVY, J. HARRIS 1541 BRICKELL AVE STE 3602 MIAMI FL 33129 Signature of Signatur							را ڪ	-12/11/0101 ****750 00	1008014	
LEVY, J. HARRIS 1541 BRICKELL AVE STE 3602 MIAMI FL 33129 State FL City State Zip Code FL Signature of X								***************************************		1.
LEVY, J. HARRIS 1541 BRICKELL AVE STE 3602 MIAMI FL 33129 State FL City State Zip Code FL Signature of X										\dashv
LEVY, J. HARRIS 1541 BRICKELL AVE STE 3602 MIAMI FL 33129 State FL City State Zip Code FL Signature of X		S Non	and Address of Current	Penistered Ans	int.	I	9 Name and	Address of New Registered	Agent	_
MIAMI FL 33129 City State Zip Code FL Signature of X Signa	6. Name and Address of Current Registered Agent								- -	
MIAMI FL 33129 City State Zip Code FL Signature of X Signa	LÉVY.	I. HARRIS				0/8)				
MIAMI FL 33129 City State Zip Code FL Signature of X Signa					Street Address (P.O. Box Number is Not Acceptable)			9.00 4.00		
MIAMI FL 33129 City State Zip Code FL 10. I, being appointed the registered agent of the above napred corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of X					Suite, Apt. #, Etc.			8		
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 Section 607.0505, F.S.	- · · · · · · ·									
Signature of X SOUTH CARE REQUIRED 10/00/00	,				City State Zip Code			_ `		
Signature of Recistered Agent SIGNATURE REQUIRED Date 10/24/0)	10. I, being	appointed th	e registered agent of the ab-	ove named corpo	oration, am familiar wi	th and accept the o	bligations of Sect	tion 607.0505, F.S.		
Signature of Recistered Agent P SUMMEREQUIRED Date 10/24/0)										
REGISTERED AGENT MUST SIGN	regiones right.									

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.