PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 10 AM 7:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000017232

1. Corporation Name
DR SEAN CLAFFIE AND ASSOCIATES, O.D., P.A.

REINSTATEMENT 01-03
200156451 5
04/10/03--01047--005 **1050.00

2. Principal Office Address	3. Mailing Office Address
8102 Citrus Park Town Ctr	6228 EAGLE BROOK AVE
Suite, Apt. #, etc.: Citrus Park Town Center	Suite, Apt. #, etc.:
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33625 Country: Hillsborough	Zip: 33625 Country: Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida: 2/19/98

5. FEI Number: 5934 96850 ☐ 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: DR SEAN CLAFFIE, O.D.

Street Address (P.O. Box Number is Not Acceptable): 6228 EAGLE BROOK AVE

Suite, Apt. #, Etc.:

City: TAMPA State: FL Zip Code: 33625

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: _____ Date: 3/25/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Pres/Dir	SEAN CLAFFIE	6228 EAGLE BROOK AVE	TAMPA, FL 33625
Vice Pres	KATE CLAFFIE	6228 EAGLE BROOK AVE	TAMPA, FL 33625

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: _____ SEAN CLAFFIE 3/25/03 8139666729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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