

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 12 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000024025

**1. Corporation Name**

FAMILY EYE ASSOCIATES INC.

**2. Principal Office Address**

4491 NW 36 STREET

Suite, Apt. #, etc.

SUITE A

City & State

MIAMI SPRINGS, FLORIDA

Zip

33166

Country

USA

**3. Mailing Office Address**

4491 NW 36 STREET

Suite, Apt. #, etc.

SUITE A

City & State

MIAMI SPRINGS, FLORIDA

Zip

33166

Country

USA

REINSTATEMENT 09

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/13/1998

**5. FEI Number**

65-0818258

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

DIEGUEZ, JAIME

Street Address (P.O. Box Number is Not Acceptable)

1890 WEST 56 STREET

Suite, Apt. #, Etc.

1308

City

HIALEAH

State

FL

Zip Code

33012

**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

*Jaime Dieguez*

REGISTERED AGENT MUST SIGN

Date

11-9-04

**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
-PD-	DIEGUEZ, JAIME	1890 WEST 56 STREET	HIALEAH, FL 33012

600042696626  
11/12/04--01057--015 \*\*150.00

**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:

*Jaime Dieguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-9-04

Daytime Phone #

CR2E081 (01/04)

Miami, Florida  
October 2004

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: P98000024025  
FAMILY EYE ASSOCIATES INC.  
4491 NW 36 STREET SUITE A -  
MIAMI SPRINGS, FL 33166

To Whom It May Concern:

Upon our conversation, I am enclosing the 2004 Corporation Annual Report form after due date (05/01/2004) due to the fact that I never received such notice to file. Enclose is a payment of \$150.00 dollars per your request.

Please be so kind to waive any late fees that I might have and to put this corporation in its current status.

Thank you for your help and I hope that this can solve this matter and avoid further penalties.

Respectfully,

JAIME DIEGUEZ  
PRESIDENT