

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P98000074838**

1. Corporation Name

**APOLLO EYECARE MANAGEMENT CORPORATION**

FILED

01 JAN 24 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

2424 N. FEDERAL HWY., SUITE 405  
BOCA RATON FL 33431

2424 N. FEDERAL HWY., SUITE 405  
BOCA RATON FL 33431



**REINSTATEMENT**

*[Handwritten signature]*

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

08/25/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0868167

Applied For

Not Applicable

City & State

City & State

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
D	COOK, JAMES R	2424 N. FEDERAL HWY., SUITE 405	BOCA RATON FL 33431
VP	MANN, KELLY	2424 NORTH FEDERAL HIGHWAY #405	BOCA RATON FL 33431
			100003631891--2 -02/02/01--01142--007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

KOSKI, ARTHUR C  
4730 NW BOCA RATON BLVD., SUITE 200  
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

Kelly MANN

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

2424 N. Federal Hwy

Suite, Apt. #, Etc.

#405

City

Boca Raton

State

FL

Zip Code

33431

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

*[Handwritten signature]*

REGISTERED AGENT MUST SIGN

Date

10/15/00

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.

*[Handwritten signature]*

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/00 561-620-0830

Date

Daytime Phone #

CR2E040 (8/00)