PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 NOV -7 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000042600**

1. Corporation Name

OCULAR SURFACE CENTER, P.A.

9/21/01

Principal Place of Business	Mailing Address
10000 SW 63RD PLACE PINECREST FL 33156	10000 SW 63RD PLACE PINECREST FL 33156

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
8780 SW 92ND STREET	8780 SW 92ND ST.
Suite, Apt. #, etc.: SUITE 203	Suite, Apt. #, etc.: SUITE 203
City & State: MIAMI FL 33176	City & State: MIAMI FL 33176
Zip: 33176 Country: USA	Zip: 33176 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/06/1999

5. FEI Number: 65-1149323 ~~APPLIED FOR~~ – ☐ Applied For ☐ Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	~~TSENG, AMY H~~ TSENG, SCHEFFER C.	10000 SW 63 PL	MIAMI FL 33156
S	TSENG, AMY H	10000 SW 63 PL	MIAMI FL 33156

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-12/04/01--01067--007
****758.75 ****758.75

REINSTATEMENT 2001

8. Name and Address of Current Registered Agent

TSENG, AMY H
10000 SW 63RD PLACE
PINECREST FL 33156

9. Name and Address of New Registered Agent

Name: TSENG, SCHEFFER C.G.
Street Address (P.O. Box Number is Not Acceptable): 10000 SW 63 RD PLACE
Suite, Apt. #, Etc.:
City: PINECREST State: FL Zip Code: 33156

CR2E040 (8/01)

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 _____ Date 11/3/01
REGISTERED AGENT MUST SIGN

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.

SIGNATURE: _____ 11/3/01 (305)412-4430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #