

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

96 DEC 23 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S88231**

1. Corporation Name

**INTERNATIONAL EYE CARE CENTERS, INC.**

Principal Place of Business

Mailing Address

~~1381 OAKFIELD DR.~~  
BRANDON FL 33511

P.O. BOX 20006  
TAMPA FL 33622-0006



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable <b>1267 Kingsway</b>		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>10/18/1991</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0292376</b>	
City & State <b>BRANDON FL</b>		City & State		Applied For Not Applicable	
Zip <b>33511</b>	Country <b>USA</b>	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	KATZMAN, JERRY	1381 OAKFIELD DR.	BRANDON FL 33511

600002036906-6  
-12/24/96-01085-001  
\*\*\*375.00 \*\*\*375.00

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KATZMAN, JERRY MD 2448 W. BRANDON BLVD. BRANDON FL 33511		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
		FL	

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 [Signature] **SIGNATURE REQUIRED** Date **12-19-96**  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: [Signature] **JERRY E KATZMAN M.D.** Date **12/19/96** 813-681-3937  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #