

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN 18 PM 5:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 596810

1. Corporation Name
MOBILE OPHTHALMIC SERVICE
INC.

2. Principal Office Address - No P.O. Box #

7815 PENWOOD CT

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

Zip

Country

33467

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/18/1995

5. FEI Number

650296981

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

000191773440
01/18/11--01057--010 **1050.00

CR2E081 (6/10)

7. Name and Address of Current Registered Agent

Name

EDWARD S LAMBERT

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

7815 PENWOOD CT

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

REINSTATEMENT 09-11

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

Edward S. Lambert

REGISTERED AGENT MUST SIGN

Date Jan 14, 2011

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
P	Edward Lambert	7815 Penwood Ct.	Lake Worth, Fl. 33467
V	Debra Lambert	7815 Penwood Ct.	Lake Worth, Fl. 33467

10. E-mail Address: ED 8455 DEB @ AOL.COM ED8455DEB@AOL.COM

(To be used for future annual report notification)

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. I further certify 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:

Edward S. Lambert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-14-2011 561307

Daytime Phone #

1/19/11

CORPORATE DETAIL RECORD SCREEN

9:27 AM

NUM: S96810 ST:FL INACTIVE/FL PROFIT FLD: 11/26/1991
LAST: ADMIN DISSOLUTION FOR ANNUAL REPORT FLD: 09/25/2009
FEI#: 65-0296981

NAME : MOBIL OPHTHALMIC SERVICE, INC.

NH: 1

PRINCIPAL: 7815 PENWOOD CT

CHANGED: 04/18/95

ADDRESS LAKE WORTH, FL 33467 US

RA NAME : LAMBERT, EDWARD S

RA ADDR : 7815 PENWOOD CT

ADDR CHG: 04/18/95

LAKE WORTH, FL 33467 US

ANN REP : (2006) W 01/09/06 (2007) W 01/04/07 (2008) W 01/19/08

1. MENU, 3. OFFICERS, 4. EVENTS, 6. NAMES, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR: