

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

07 FEB 13 PM 4:53


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PSK*

REINSTATEMENT 1994-2007

CR2E081 (1/07)

**CORPORATION  
REINSTATEMENT**

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

DOCUMENT # V27284

1. Corporation Name

Bernadette Susan Woods-McShane, O.D., Inc.

*WD7000006SDS*

2. Principal Office Address - No P.O. Box # 3985 N. Indian River Drive		3. Mailing Office Address 3985 N. Indian River Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cocoa, FL		City & State Cocoa, FL	
Zip 32926	Country USA	Zip 32926	Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida 04-19-1992

5. FEI Number 59-3116418  
☐ 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  
Bernadette Woods-McShane

Street Address (P.O. Box Number is Not Acceptable)  
3985 N. Indian River Drive

Suite, Apt. #, Etc.

City  
Cocoa

State  
FL

Zip Code  
32926

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

000088533500  
02/19/07--01002--002 \*\*2265.0

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/D S/T	Bernadette Woods-McShane	3985 N. Indian River Drive	Cocoa, FL 32926

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 contained in Chapter 119, 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:

Bernadette Woods-McShane/President

2/12/07 321) 961-6113 321 961-6113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #