APPLICATION FOR REINSTATEMENT		A DEPARTMEI Sandra B. Moi Secretary of S IVISION OF CORPO	NT OF STATE rtham State		IN <b>GPIHIS YO</b> RM. AND FILED 7 NOV 17 PM 12: 1	ц	
DOCUMENT # 600  1. Corporation Name  CENTRAL FLORIDA EYE SI	902 Jrgery as	SOCIATES,	INC.	SE TAU	CRETARY OF STATE LAHASSEE, FLORID	DA	
Principal Place of Business Mailing Additional Place of Business Mailing Mail		IRTEVANT ST.					
tf above addresses are incorrect in any way, ling.  2. New Principal Office Address, if Applicable  54301 BT Free WAY  Sulte, Apt. #, etc.	3. New Mal	ugh Incorrect Information and enter of 3. New Malling Office Address, If A Sulte, Apl. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 03/26/1969  5. FEI Number Applied For			
SK. 1540  ity & State  DAILAS, TX  City & State  City & State		6.		6.	59-1235805 \$8.74	Applied For  Not Applicable  Additional Fee required	
75240 U.S.A.  7. Names and Street Addresses of Each Officer	and/or Director (FI)	vrida poporofit corpora	ations must list at los	<u> </u>	E OF STATUS DESIRED [ ]	r a Certificate of Status	
Title(s) 1  Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director Officer and/or Director No NOT Use Post Office Box Numbers)		City / State / Zip			
P die BILLING, MITCHELL G. Emmett E. Moore		250 S PARK AVENUE SUITE 600 5430 LBJ Frwy., Ste. 1540		WINTER PARK FL Dallas, Tx 75240			
Richard J. D'Amico		250 SOUTH PARK AVENUE 5430 LBJ Frwy., Ste. 1540			WINTER PARK FL DAILAS, TX 75240 WINTER PARK FL		
		250 S PARK AVENUE #600					
TRALEY, CONNIE		250 S PARK AVNUE #600		WINTER PARK FL			
8 SWEERS, KATHRYNL. Richard J. D'Amico		250-S PARK-AVENUE #800 5430 LBJ Frwy., Ste. 1540		WINTER PARK FL DAMAS, TX 75240			
	<del></del>					$\mathcal{A}$	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent Name				
NRAI SERVICES, INC. 526 E. PARK AVE.			Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301			Suite, Apt. #, Etc. 300023519132-11/19/9701071004 City ****550, 120 to ####\$50.00			071~-004 l	
			City		FL	ZIPC636-JO I OJ	
I, being appointed the registered agent of the Signature of Registered Agent		oration, am familiar w BENT MUST SIGN	in and accept the or	—	Date		
11. This corporation owes o	has paid th	e current yea	ar Yes 🏻	No 🗌	(See other side on Intang	for information pible tax.)	

SIGNATURE: SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #

Date



November 11, 1997

Florida Secretary of State
Division of Corporations
Annual Report/Reinstatment Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Central Florida Eye Surgery Associates, Inc.

Dear Madam/Sir:

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Please find enclosed the annual report which was sent from your office. Earlier in the year I had major problems with your processing center and had annual reports which were sent back for various reason, such as the federal i.d. numbers were omitted, when the i.d. number was pre-printed on the form.

The other problem I encountered with the processing office was that they were sending back the reports because they stated that they were already filed. At this time, I was receiving approximately 10 to 20 reports back a week. I now received a letter stating the above corporation was administratively dissolved. When I contacted the annual report section of the Secretary of State, they stated that the report was sent back because the processing center stated that the fee for the annual report was supposed to be \$61.25 and not \$550.00 which is what I sent (see enclosed copy of the check.) I believe that the state should waive the reinstatement fee and file the enclosed annual report at this time.

If you have any questions or problems, please contact me at 972-982-8264.

Pamela Arsenault Legal Assistant

Enclosures