

Division of Corporations

Page 1 of 1

L05000003151

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

VISION DEVELOPMENT PARTNERS, LLC

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PAGE 001/001

Florida Dept of State



November 22, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BERGER SINGERMAN - FORT LAUDERDALE

SUBJECT: VISION DEVELOPMENT PARTNERS, LLC
REF: L05000003151

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Joey Bryan
Document Specialist


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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000003151 1. Limited Liability Company's Name Vision Development Partners, LLC			
2. Principal Office Address 19495 Biscayne Blvd.		3. Mailing Office Address 19495 Biscayne Blvd.	
Suite, Apt. #, etc. Suite 702		Suite, Apt. #, etc. Suite 702	
City & State Aventura, FL		City & State Aventura, FL	
Zip 33180	Country USA	Zip 33180	Country USA
4. State/Country of Formation FL		5. Date Organized or Qualified To Do Business in Florida 1/11/05	
6. PFD Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>(\$5.00 Additional Fee Required for a Certificate of Status)</small>			

CR2EDM1 (8/05)

8. Name and Address of Current Registered Agent

Name
BSPA Corporate Services, Inc.

Street Address (P.O. Box Number (if Not Applicable))
350 E. Las Olas Blvd.

Suite, Apt. #, Etc.
Suite 1000

City
Fl. Lauderdale

State
FL

Zip Code
33301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Elliot Dornbusch	19495 Biscayne Blvd., Suite 702	Aventura, FL 33180

REINSTATEMENT 2006

11. I certify that I am managing member/manager of the above named limited liability company and am authorized or have been authorized to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for the suspension has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date 11/13/06 Daytime Phone# 305-7815277

Typed or printed name of signing Managing Member/Manager _____

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