

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

OS Reinst.

FILED

05 SEP 23 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N04000011426</b> 1. Entity Name THE RED APPLE VISSION CORP	
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Principal Place of Business 4601 W FLAGLER STREET MIAMI, FL 33013-4	Mailing Address 4601 W FLAGLER STREET MIAMI, FL 33013-4
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2. Principal Place of Business <i>3440 NW 7 Street</i> Suite, Apt. #, etc.	3. Mailing Address <i>P.O. BOX 140303</i> Suite, Apt. #, etc.
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City & State <i>Miami, Florida</i> Zip <i>33125</i>	City & State <i>Coral Gables, Florida</i> Zip <i>33114</i>
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09222005 REIN-NP CR2E099 (6/04)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BOUZON, NIEVES 4601 W FLAGLER STREET MIAMI, FL 33013-4	7. Name and Address of New Registered Agent Name <i>BOUZON, NIEVES</i> Street Address (P.O. Box Number is Not Acceptable) <i>3440 NW 7 Street</i> City <i>MIAMI</i> <span style="float: right;">FL Zip Code <i>33125</i></span>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <i>Nieves Mesa</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>9/22/05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>
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<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2006, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOUZON, NIEVES 4601 W FLAGLER STREET MIAMI, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOUZON, Nieves 3440 NW 7 Street MIAMI, Florida 33125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARRERO, ROSA 4601 W FLAGLER STREET MIAMI, FL 330134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Marrero, ROSA 3440 NW 7 Street MIAMI, Florida 33125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARIAS, JACQUELIN 4601 W FLAGLER STREET MIAMI, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Arias, Jacqueline 3440 NW 7 Street MIAMI, Florida 33125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  300059902773 09/23/05--01052--024 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Nieves Mesa</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>9/22/05</i>	DAYTIME PHONE # <i>(305) 265-0363</i>
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