## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N07000011346

Entity Name: VISION NORTH PORT, INC.

FILED Dec 09, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14295 SOUTH TAMIAMI TRAIL
NORT PORT, FL 34287

14506 TAMIAMI TRAIL
NORT PORT, FL 34287

NORT PORT, FL 34287

Current Mailing Address: New Mailing Address:

14295 SOUTH TAMIAMI TRAIL P.O. BOX 7274

NORT PORT, FL 34287 NORT PORT, FL 34290

FEI Number: 26-1656371 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUSSELL, W KEVIN

14295 SOUTH TAMIAMI TRAIL

NORT PORT, FL 34287 US

RUSSELL, KEVIN W

14295 SOUTH TAMIAMI TRAIL

NORT PORT, FL 34287 US

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.

SIGNATURE: KEVIN RUSSELL 12/09/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 ( ) Delete
 Title:
 D
 (X) Change ( ) Addition

 Name:
 RUSSELL, W KEVIN
 Name:
 BATOLOTTA, PETER L PRES

 Address:
 14295 SOUTH TAMIAMI TRAIL
 Address:
 8756 SAN PABLO AVENUE

 City-St-Zip:
 NORTH PORT, FL 34287
 City-St-Zip:
 NORTH PORT, FL 34287

 Title:
 D
 ( ) Delete
 Title:
 D
 (X) Change ( ) Addition

 Name:
 THORNTON, TED
 Name:
 MCCONVILLE, DEAN VP

Address: 15000 TAMIAMI TRAIL Address: 14506 TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287 City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HOGAN, ANGELA
 Name:

 Address:
 2811 VERDE TERRACE
 Address:

 City-St-Zip:
 NORTH PORT, FL 34286
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER L. BARTOLOTTA PRES 12/09/2008