

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JAN 23 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002962

1. Corporation Name

Visionweavers Foundation, Inc.

2. Principal Office Address - No P.O. Box #
937 W. Jefferson St.

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, Florida

City & State

Zip
32306

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 3/14/96

5. FEJ Number
59-340171

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
Mary Wilkes

Street Address (P.O. Box Number is Not Acceptable)
937 W. Jefferson St.

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32306-4190

☐ 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.

100086328601
01/29/07--01006--001 **402.50

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

Mary Wilkes

REGISTERED AGENT MUST SIGN

Date 1/22/2007

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	Leonard Helfand	1915 Sicka Deer Dr.	Tallahassee, Florida 32304
VP/D	Mary Wilkes	937 W. Jefferson St.	Tallahassee, Florida 32306-4190
VP/D	Sharon Press	5721 Grassland Rd.	Tallahassee, Florida 32317
S/T/D	David A. Wolfson	1805 Bitter Root Trail	Tallahassee, Florida 32312

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:

David A. Wolfson

David A. Wolfson, S/T/D

1/22/2007

(850) 459-5543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*VISIONWEAVERS FOUNDATION, INC.
937 W. Jefferson St.
Tallahassee, Florida 32306-4190*

The Secretary of State of Florida
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Visionweavers Foundation, Inc.

Dear Sir or Madam:


Enclosed please find the following items in connection with the above corporation:

1. Corporate Reinstatement
2. Cover Letter for Amendment
3. Not for profit corporation application for amendment of articles of incorporation
4. Attachment of amendment to application
5. Check for \$402.50 broken down as follows:
 - a. \$358.75 reinstatement fee
 - b. \$8.75 Certificate of Status on reinstatement
 - c. \$35.00 Amendment

Please reinstate the corporation and file the amendment to the articles of incorporation.

Thank you for your assistance.

Very truly yours,
Visionweavers Foundation, Inc.

By: 
David A. Wolfson, Sec/Tres/Dir