

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000002962**

1. Corporation Name

VISIONWEAVERS FOUNDATION, INC.

Principal Place of Business

**3676 CORINTH DRIVE
TALLAHASSEE FL 32308**

Mailing Address

**3676 CORINTH DRIVE
TALLAHASSEE FL 32308**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/1996

5. FEI Number

19-3401137

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WEINSTEIN, MARTHA	1510 WEKEWA NENE	TALLAHASSEE FL 32301
SD	PRESS, SHARON	5721 GRAGGLAND ROAD	TALLAHASSEE FL 32317
TD	WELLS, LORRAINE	3676 CORINTH DRIVE	TALLAHASSEE FL 32309

8. Name and Address of Current Registered Agent

**WEINSTEIN, MARTHA
1510 WEKEWA NENE
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/15/03

11. 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 under section 119.07(3)(i), 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:

LORRAINE WELLS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03

Daytime Phone #

FILED
03 OCT 17 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 03

400023907364
10/17/03--01055--020 **\$1.25

Lorraine Wells
3676 Corinth Drive
Tallahassee, Florida 32308

October 15, 2003


To Whom it May Concern:

Please find enclosed a check in the amount of \$61.25 . I ask that you waive the reinstatement fee because I did not receive the uniform business report (UBR).

This omission also occurred last year in which I had to write a letter requesting additional fees to be waived. I don't understand why I would receive the revocation report and not the others. I ask that you please check your files to be sure all mailing for Vision Wavers is sent to the address above.

Thank you in advance for your consideration.

Sincerely,


Lorraine Wells