


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 29 AM 8:01

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V45603

1. Corporation Name
VISION UNLIMITED, P.A.

2. Principal Office Address 13852 SW 88 Street		3. Mailing Office Address 13852 SW 88 Street	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33186	Country U.S.A.	Zip 33186	Country U.S.A.

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida **9/11/92**

5. FEI Number **65-0357789** 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 **Bruce Ginsberg** **100008679061**

Street Address (P.O. Box Number is Not Acceptable) **13852 SW 88 Street** **10/29/02--01138--008**

Subs. Apt. #, Etc.

City **Miami** State **FL** Zip Code **33186**

~~1090.00~~
1090.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent *Bruce Ginsberg* Date 10/24/02

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Bruce Ginsberg	13852 SW 88 Street	Miami, FL 33186

10. I certify that I am an officer or director or the receiver or trustee empowered to discuss 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(2)(g), 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: *Bruce Ginsberg* Date 10/24/02 **305 385 6885**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/02
aw