

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 29 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003782

1. Corporation Name

Vision Funding Corp.

3733 Crown Point Road
same

2. Principal Office Address

3733 Crown Point Road

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32257

Country

Duval

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

same

Zip

same

Country

same

000041439470

09/29/04--01025--004 **1058.75

REINSTATEMENT

02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/11/01

5. FEI Number

59-3731233

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

Dale A. Beardsley

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

12 East Bay Street

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code
32202

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 *[Signature]*

Date 9/24/04

REGISTERED AGENT MUST SIGN

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
PTD	Russell W. Spitz	3733 Crown Point Road	Jacksonville, FL 32257
VS	Tony Ross	1263 Lower Elkton Road	Columbiana, OH

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/04

Date

(904) 288-6502

Daytime Phone #

CR2E081 (01/04)