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(C)	ty/State/Zip/Phoi	ne #)
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VISION RESTOR (Name of corpo	ATION & BUILDING CO, IN ration - must include suffix)
Dear Sir or Madam:	
	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this management of the STEVE CARSON	
VISION RESTORAT	10N & BUILDING CO, INC
5400 S. BEEC	
DEARBORN HT	Address)  S M; 48/35  Tate and Zip code)
(City/Si	ate and Zip code)
For further information concerning this matter, plea	ase call:
STEVE CARSON T: at (3) (Name of Person) (A	rea Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	•
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	S87.50 Filing Fee, Certified Copy  Certified Copy  Certified Copy

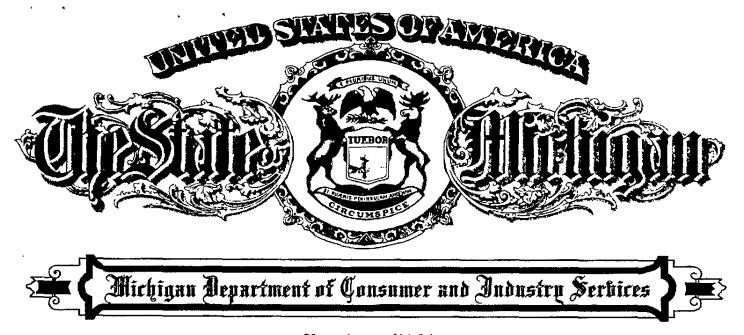
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO EIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. Vision (Enter name of co "Inc.," "Co.," "Co	RESTORATION & BUILDING COMPANY INC.  orporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  orp," "Inc," "Co," or "Corp.")
(If name unavaila	ON RECONSTRUCTION ble in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Mic (State or country)	HIGAN under the law of which it is incorporated)  3. 38-3436656 (FEI number, if applicable)
4. <u>OCT.</u> (Date	of incorporation)  5. PERPETUAL  (Duration: Year corp. will cease to exist or "perpetual")
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. <u>5400</u>	S. BEECH DALY DEARBORN HTS, Mi 48125  (Principal office address)  S. BEECH DALY DEARBORN HTS, Mi 48125  (Current mailing address)
5400	S. BEECH DALY DEARBORN HTS, Mi 48125 (Current mailing address)
8	S TORATION  of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and stree	t address of Florida registered agent: (P.O. Box NOT acceptable)
Name:	STEVE CARSON
Office Address:	770 SUNDIAL CT. UNIT 706
	FT. WALTON BEACH., Florida 32548-760800 (City) (Zip code)
designated in this further agree to co	ent's acceptance:  ed as registered agent and to accept service of process for the above stated corporation at the place application, I hereby accept the appointment as registered agent and agree to act in this capacity. I apply with the provisions of all statutes relative to the proper and complete performance of my duties, with and accept the obligations of my position as registered agent.
	Steve Carson
_	(Registered agent's signature)
11. Attached is a contract the Department of	certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS
Chairman: <u>STEVE</u> CARSON
Address: 5400 S. BEECH DALY
DEARBORN HTS, Mi 48125
Vice Chairman: <u>STEVE</u> CARSON II.
Address: 5400 S. BEECH DALY
DEARBORN HTS, Mi 48/25
Director: NANCY CARSON
Address: 5400 S. BEECH DALY
DEARBORN HTS. Hi 48125
Director:
Address:
B. OFFICERS
President: STEVE CARSON
Address: 5400 S. BEECH DALY :
DEARBORN HTS. MI 4825 EA B
Vice President: STEVE CARSON II.
Address: 5400 S. BEECH DAW 500
DEARBORN HTS M; 48125
Secretary: NANCY CARSON
Address: 5400 S. BEECH DAY DEARBORN HTS Mi
Treasurer: NANCY CARSON 48AS
Address: 5400 S. BEECH DALY DEARBOLN HTS, Mi
48125
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the application)
NAME OF ARCAND SCALTREAC
(Typed or printed name and capacity of person signing application)



Lansing, Michigan

This is to Certify That

## VISION RESTORATION & BUILDING CO., INC.

was validly incorporated on October 28, 1998, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business, and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 11th day of October, 2004.

, Director

Bureau of Commercial Services