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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		1 667	TOL NEAD	ALL ING	NOU	·IOIN	3 DEI ONE	COMET	IIIVO	HIGION		r =	
REINSTATEMENT				DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS						FIL. JAN -9	1 13	2: 27	
	UMENT	 T# P	0600000108		51011 2.				<i>-</i>	SEGN TALLA?	: #/		:
FocusV	Vision Wo	orldwi	de, Inc.						_				
	oal Office Addre		3.0 Box#	3. Mailing 0					PERSONATE MENT				
Suite, Apt,				Suite, Apt. #.						CR2E081 {11	./10)		
3rd, Flo				3rd. Floo	r				corporated o	or Qualified Florida 02/20	0/2006	<u></u>	-
Stamfor				Stamford				5. FEI Numl 3304039	nber	U41 20	<i>3</i> /2000	Applie	ed For pplicable
zip 06902		Country USA		zip 06902		Country	•			TATUS DESIRED	\$8.75 Add for a Co	ditional Fe erlificate o	o roquired
		7. Nam	ne and Address of	Current Regis	stered Age	nt							
Name Corpor	ration Se	rvice (	Company					1					
Street Add	dress (P,O, Bo	ox Number	r is Not Acceptable)	}				1					
1201 F Suite, Apt.	Hays Stre	et						-	BCIC	02434	!31:	BIE	3
City Tallaha	assee					State FL	Zip Code 32301						
8. I, being	j appointed the	e registere	ed agent of the abor	ve named corpo	yration, am	familiar v	with and accept the	obligations of sec	ction 607.0	0505 or 617.0503	, F.S.		
Signature of Registered			Stephanie 4		要. マ.P. BENT MUST SIGN			~ <del></del>	Dat	01/08/20	013		
o Names	and Street A	ddresses					orations must list at I	toget 3 directors)					
Titles	ana o		Name of 's and/or Directors		Nua	St	Street Address of Eac Officer and/or Direct		1	City /	/ State / Zip	,	
Dir	Monty Y	Yort			1266	East N	Main St		Stan	Stamford, CT 06902			
Dir	Andrew	Andrew Gaspar				1266 East Main St			Stan	Stamford, CT 06902			
Dir	Ariel Kunar				1266 East Main St				Stamford, CT 06902				
Dir	Eric Gro	osgoge	at		1266	1266 East Main St			Stan	Stamford, CT 06902			
Dir	Dave St	ewart			1266 East Main St				Stamford, CT 06902				
Sec	Keith Kahrs				1266 East Main St				Stamford, CT 06902				
10. E-ma	il Addres	s: kk	ahrs@focusy	vision,con	n								

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 517, 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that take information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Keith Kahrs

1 203 428-2450

(To be used for future annual report notification)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ACCOUNT N	Ю. :	12000000	195		
REFEREN	CE :	48,8.017	4301677	ı	
AUTHORIZATI	ON :	11 LOCAL	nan		
COST LIM	IT :	\$ <b>4</b> 08.75	SM.		
ORDER DATE : January 8, 20	13				
ORDER TIME : 9:11 AM					
ORDER NO. : 488017-005					
CUSTOMER NO: 4301677				(0	~
				<u> </u>	2019
REINSTAT		- 60 - 63 - 63			
NAME: FOCUSVISIO	! <u>.</u>		en On On		
XX REINSTATEMENT					
PLEASE RETURN THE FOLLOWING	AS PR	OOF OF FIL	ING:		
XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD	STANE	DING			