

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY
DIVISION OF CORPORATIONS IS

08 SEP 22 PM 12:36

DOCUMENT # F0000004591

1. Corporation Name

WIN VISION MANAGEMENT, INC.

2. Principal Office Address - No P.O. Box #

1525 EASTBROOK

Suite, Apt. #, etc.

DRIVE

City & State

SARASOTA, FL

Zip
34231

Country

USA

3. Mailing Office Address

PO Box 35330

Suite, Apt. #, etc.

City & State

PHOENIX, AZ

Zip

85009

Country

USA

600136246756
09/23/08--01016--016 **758.75

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

4/21/2000

5. FEI Number

05-0825235

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

IGOR GRUENL

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

1525 EASTBROOK DRIVE

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34231

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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
PRES VP DIRECTOR	IGOR GRUENL	1525 EASTBROOK DRIVE	SARASOTA, FL 34231

B 9/22/08

REINSTATEMENT 07-08

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 contained in Chapter 119, 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

Date

Daytime Phone #