

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F06000007549

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Entity Name:** VISION CONTRACTORS, INC.

**Current Principal Place of Business:**

97 WANSLEY DRIVE  
CARTERSVILLE, GA 30121

**New Principal Place of Business:**

95 OLD DIXIE HWY  
SUITE B  
ADAIRSVILLE, GA 30103

**Current Mailing Address:**

P.O. BOX 270  
TAYLORSVILLE, GA 30178

**New Mailing Address:**

95 OLD DIXIE HWY  
SUITE B  
ADAIRSVILLE, GA 30103

**FEI Number:** 20-3254399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GARVEY, TIM  
11500 NORTHWEST 15TH LANE  
OCALA, FL 34482 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** TIM GARVEY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** TIMM, TERRY  
**Address:** PO BOX 973  
**City-St-Zip:** ADAIRSVILLE, GA 30103

**Title:** V  
**Name:** TIMM, AMANDA K  
**Address:** PO BOX 973  
**City-St-Zip:** ADAIRSVILLE, GA 30103

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** AMANDA KRISTELL TIMM

VP

01/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date