PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

The state of the state of

13 OCT -9 PM 3: 06

SECRETARY OF STAFF TALLAHASSEE, FLORESS

CORPORATION	
REINSTATEMENT	i



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DO	\sim 1	-18	N۸		NIT	Г#
ω	いし	J	IVI	ᆮ	IVI	<i>#</i>

F12000003675

1. Corporation Name

VISENSE INC.

10. E-mail Address: BCHAPNICK@ICARDMERRILL.COM

				į 7	/MM757655664			
Principal Office Address - No P.O. Box # 3. Mailing Office Address			107	l				
4744 E State Road 64			State Road 6	4				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4 Pate	CR2E081 (11/10)			
				To Do	ncorporated or Qualified Business in Florida			
City & State		City & State	4 F1	09/06/2013 5. FEI Nu	09/06/2013 5. FEI Number Applied For			
<u>Brade</u>	enton, FL	Braden	•	20-192				
3 4 208	•	34208	USA	6. CERTIF Yes - 1	\$8.75 Additional Fee require for a Certificate of Status			
	7. Name and Address	s of Current Registers	ed Agent	1.00	- · · · · · · · · · · · · · · · · · · ·			
Street Add 2033 N Suite, Apt. Suite 6	600	ble)	1 — - 1	Code				
Saras			FL 3423					
8. I, being Signature of Registered		above named corporation		ccept the obligations of s	Date			
9. Names	s and Street Addresses of Each Officer	and/or Director (Florida	nonprofit corporations m	ust list at least 3 director	'S)			
Titles	Name of Officers and/or Directo	нs	Street Addre Officer and/		City / State / Zip			
P/T/D	David A. Dr	yer 55	3 Mast Dr.		Bradenton, FL 34208			
V/S/D	Elvira M. Dr	yer 55	3 Mast Dr.		Bradenton, FL 34208			
			4.4	110	OCT 9 2013			
					M. WILLIAMS			

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 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., and that all fees owed by the corporation have been paid. I further centify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as

(To be used for future annual report notification)

if made under oath. I am aware that false 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: David A. Dryer, President

Oct8,2013