

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K29170

1. Corporation Name

INTERSTATE VISIONS, INC.

Principal Place of Business

9409 US 19  
693  
PT. RICHEY FL 34668  
US

Mailing Address

9409 US 19  
693  
PT. RICHEY FL 34668  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/22/1988

5. FEI Number

59-2907238

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GAYFIELD, MARVIN K., II	19 CAPARDO DRIVE	WHITESBORO NY
S	GAYFIELD, PATRICIA A.	19 CAPARDO DRIVE	WHITESBORO NY
VP	MUTCHLER, A. JAMES	7804 ORCHID LAKE RD.	NEW PORT RICHEY FL
T	MUTCHLER, BARBARA	7804 ORCHID LAKE RD.	NEW PORT RICHEY FL

200008577907  
10/24/02--01099--019 \*\*150.00

8. Name and Address of Current Registered Agent

MUTCHLER, A. JAMES  
7804 ORCHID LAKE RD.  
NEW PORT RICHEY FL 34653

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Barbara Mutchler* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/21/02

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., 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 under section 119.07(3)(i), 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:

*Barbara Mutchler* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02 (727) 842-2919

Date

Daytime Phone #

CR2E040 (8/02)



October 21, 2003

Department of State  
Divisions of Corporations  
P O Box 6327  
Tallahassee, FL 32314-6327

Dear Ms:

Enclosed please find a check for \$150.00 for our corporation fee for the year 2002.

We never received a billing prior to this date, or this would have been paid immediately.

Thank you in advance for your understanding.

Very truly yours,

A handwritten signature in cursive script that reads "Barbara Mutchler".

Barbara Mutchler  
Treasurer

Local Presence, Global Power<sup>SM</sup>

Gulfview Square Mall • 9409 US Highway 19, Suite 693 • Port Richey, Florida 34668 • (813) 842-2919 • Fax (813) 848-1680

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