

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR 11 PM 2:42

TALLAHASSEE, FLORIDA

DOCUMENT # K54499

1. Corporation Name

VISION PROPERTIES, INC.

Principal Place of Business

135 W PINEVIEW ST  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

PO BOX 150279  
ALTAMONTE SPRINGS FL 32715-279  
US



800011788498  
02/04/03--01075--022 \*\*900.00

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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0091146

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DVST	SALISBURY, DAVID A	626 ORANGE DR # 242	ALTAMONTE SPRINGS FL 32701
DP	SALISBURY, PUSADEE R	626 ORANGE DR # 242	ALTAMONTE SPRINGS FL 32701
D	Salisbury, Byron	P.O. Box 150279	Altamonte Spring, Fl. 32715-0279

REINSTATEMENT 02-03

8. Name and Address of Current Registered Agent

SALISBURY, DAVID A  
626 ORANGE DR # 242  
ALTAMONTE SPRINGS FL 32701

9. Name and Address of New Registered Agent

Name

Byron M Salisbury

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

626 Orange Dr. # 242

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32701

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/16/03

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.

407-310-6208

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/03

Daytime Phone #

CR2040 (8/02)