PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
04 JAN 30 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

500010379315
01/21/03 01023 011 $50.00
500010379315
01/21/03 01023 010 $100.00

DOCUMENT # L01000019423

1. Limited Liability Company's Name
VISION RESOURCES MANAGEMENT, LLC

02 BK

2. Principal Office Address	3. Mailing Office Address
801 MAPLEWOOD DRIVE	801 MAPLEWOOD DRIVE
Suite, Apt. #, etc.: 22-A	Suite, Apt. #, etc.: 22-A
City & State: JUPITER	City & State: JUPITER
Zip: FL 33458	Zip: FL 33458

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 11/9/2001

6. FEI Number: 65-1157247 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CARLOS J. BERROCAL

Street Address (P.O. Box Number is Not Acceptable): 801 MAPLEWOOD DRIVE

500010379315
02/06/04--01039--012 **100.00

Suite, Apt. #, Etc.: SUITE 22-A

City: JUPITER | State: FL | Zip Code: 33458

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 1/30/04

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CARLOS CONDE	4005 Wetherburn Way	Norcross, GA 30092
			500010379315 02/06/04--01039--013 **5.00
		REINSTATEMENT	2002-2004
			BR

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date 1/30/04 Daytime Phone # (678)990-3960 ext. 11

Typed or printed name of signing Managing Member/Manager: CARLOS CONDE