

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10-1-04
250.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -8 AM 10:50

DOCUMENT # L03000029227

1. Limited Liability Company's Name

VILANO VISION PARTNERSHIP, LLC

500076253415

06/16/06--01016--022 **255.00

CR2E041 (8/05)

2. Principal Office Address

P.O. Box 2348

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2348

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32203

Country

USA

City & State

JACKSONVILLE, FL

Zip

32203

Country

USA

4. State/Country of Formation

FLORIDA USA

**5. Date Organized or Qualified
To Do Business in Florida**

SEPT 2003

6. FEI Number

55-0844352

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

TAMMY WAINRIGHT

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

7580 SAN JOSE BLVD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32217

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**

JLWainright

Date 4/25/06

REGISTERED AGENT MUST SIGN

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
MGRM	JAMES POPE	7580 SAN JOSE BLVD	JACKSONVILLE, FL 32217
MGRM	VIVIAN BROWNING	PO BOX 649	ST AUGUSTINE, FL 32085
MGRM	TAMMY WAINRIGHT	7580 SAN JOSE BLVD	JACKSONVILLE, FL 32217

REINSTATEMENT 04-06

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**

JAMES POPE

Date 4/25/06

Daytime Phone # 904 354 3708

Typed or printed name of signing Managing Member/Manager JAMES POPE