

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 14 AM 11:14

DOCUMENT # L04000074887

1. Entity Name  
VISION INVESTMENTS, L.L.C.



Principal Place of Business  
422 NORTH MAIN STREET  
CRESTVIEW, FL 32536

Mailing Address  
P.O. BOX 277  
CRESTVIEW, FL 32536

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12062006 REIN-LLC CR2E101 (11/05)

City & State

City & State

4. FEI Number  
20-1749941

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWELL, GILLIS E JR.  
422 NORTH MAIN STREET  
CRESTVIEW, FL 32536

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12-11-06

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
POWELL, GILLIS E JR.  
422 NORTH MAIN STREET  
CRESTVIEW, FL 32536 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
100082546161  
12/14/06--01022--012 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
POWELL, CHERYL C  
422 NORTH MAIN STREET  
CRESTVIEW, FL 32536 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
REINSTATEMENT 2006

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

12-11-06