

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 APR 27 PM 2: 58

**DOCUMENT #**

LO5000089609

**1. Limited Liability Company's Name**

Vision Planning & Design LLC

600145991086  
03/17/09--01010--011 \*\*238.75

**REINSTATEMENT** 01-09 SRM  
CR2E041 (12/07)

**2. Principal Office Address - No P.O. Box #**

8205 Snowy Egret Place  
Suite, Apt. #, etc.

**3. Mailing Office Address**

8205 Snowy Egret Place  
Suite, Apt. #, etc.

**4. State/Country of Formation**

Florida

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

Sept. 12, 2005

**6. FEI Number**

03-0569808

**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: Brian Lichterman

Street Address (P.O. Box Number is Not Acceptable): 8205 Snowy Egret Place

Suite, Apt. #, Etc.

City: Bradenton

State: FL

Zip Code: 34202

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

**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

Brian Lichterman

REGISTERED AGENT MUST SIGN

Date: 9/22/08  
3/4/09

**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  |
|-----------|-----------------------------------|--|---------------------|
| President | Brian Lichterman                  | 8205 Snowy Egret Place                         | Bradenton, FL 34202 |
|           |                                   |  |                     |
|           |                                   |  |                     |
|           |                                   |  |                     |

600145991086  
04/28/09--01005--007 \*\*176.50

**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

Brian Lichterman

Date: 9/22/08  
3/4/09

Daytime Phone # 941-322-2519

Typed or printed name of signing Managing Member/Manager

1-359-14044