


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2000 OCT -3 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT #

1. Limited Liability Company's Name

BizVisionOne, LLC

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

484 Rebstock Blvd.

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34683

Country

USA

3. Mailing Office Address

687 Alderman Road #206

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34683

Country

USA

4. State/Country of Formation

NEW JERSEY/FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 05/02/2006

6. FEI Number

20-0769864

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 M ZAAS

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

484 REBSTOCK BLVD

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

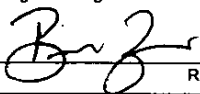
Zip Code

34683

☒ 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



REGISTERED AGENT MUST SIGN

Date 9/29/08

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	BRIAN M. ZAAS	484 REBSTOCK BLVD	PALM HARBOR, FL 34683
MGRM	DEBRA A. ZAAS	484 REBSTOCK BLVD	PALM HARBOR, FL 34683

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 9/29/08

Daytime Phone # 727-953-3625

Typed or printed name of signing Managing Member/Manager

Brian M. Zaas