

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**15 SEP -3 PM 1:54**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING CANCELLED  
RETURNED CHECK**

CR2E041 (1/14)

**DOCUMENT # L08000110696**

1. Limited Liability Company's Name  
Vision Builders Of The Gulf Coast, LLC

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

114 Royal Street

Suite, Apt. # etc.

City & State

Port St. Joe, Florida

Zip

32456

Country

USA

3. Mailing Office Address

114 Royal Street

Suite, Apt. # etc.

City & State

Port St. Joe, Florida

Zip

32456

Country

USA

8. Name and Address of Current Registered Agent

Name

Curtis E Lewis

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

114 Royal Street

Apt. # Etc.

City

Port St. Joe.

State  
**FL**

Zip Code  
32456

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/02/2008

6. FEI Number

26-3541727

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required  
for a certificate of status

900276739549  
09/03/15--01014--002 \*\*377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	Curtis E. Lewis	114 Royal Street	Port St. Joe, FL 32456

11. E-mail Address: Curtis Lewis 6970 @ live.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Curtis Lewis

Date

Daytime Phone #

850-381-7780

Typed or printed name of signing authorized representative/member Curtis E. Lewis