

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

L13000098363

Vision Without Boundaries, LLC

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

2801 SW 71 Ter

Suite, Apt. #, etc.

Apt 1001

City & State

Davie, Florida

Zip

33314

Country

US

3. Mailing Office Address

P.O. Box 278306

Suite, Apt. #, etc.

City & State

Miramar, Florida

Zip

33027

Country

US

4. State/Country of Formation

Florida/ US

5. Date Organized or Qualified
To Do Business in Florida

July 10, 2013

6. FEI Number

47-1969203

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

Mary A. Smith

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

2801 SW 71 Ter.

Suite, Apt. #, Etc.

Apt. 1001

City

Davie

State

FL

Zip Code

33314

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

Mary A. Smith

REGISTERED AGENT MUST SIGN

Date 10/1/14

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
MGR	Mary A. Smith	2801 SW 71 Ter	Davie, Florida 33314

REINSTATEMENT

2014

S. HAWKES

OCT 06 A.M.

EXAMINER

11. E-mail Address: dmarv9@gmail.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Mary A. Smith

Date 10/1/2014

Daytime Phone # 305-733-9662

Typed or printed name of signing Authorized Representative/Manager

Mary A. Smith