

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 4:05

1. DOCUMENT # L99000000751

Name and Mailing Address

0004229 01 AT 0.292 **AUTO T8 0 0615 32952-357204

VISIONS III, L.L.C.

190 SOUTH SYKES CREEK PARKWAY, SUITE 4
MERRITT ISLAND FL 32952-3572



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 02/08/1999

Principal Place of Business
190 SOUTH SYKES CREEK PARKWAY, SUITE 4
MERRITT ISLAND FL 32952

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
59-3566449

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

GAICH, MICHAEL G
190 SOUTH SYKES CREEK PARKWAY, SUITE 4
MERRITT ISLAND FL 32952

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GAICH, MICHAEL G	190 SOUTH SYKES CREEK PARKWAY, SUITE 4	MERRITT ISLAND FL 32952

100024527861
11/10/03--01001--027 **150.00

REINSTATEMENT

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dec

12. 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

MICHAEL G. GAICH

Date 11/1/03

Daytime Phone # 321.453.4200

Typed or printed name of signing Managing Member (Manager)

MICHAEL G. GAICH

CR2E084 (7/03)