


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED  
OCT 26 AM 12:00  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** M17000008215  
i Limited Liability Company's Name  
 Vision Investments of Indiana, LLC

100320267741  
10/26/18--01015--010 \*\*238.75

<b>2. Principal Office Address - No P.O. Box #</b> 4565 W 16th St		<b>3 Mailing Office Address</b> 4565 W 16th St	
Suite, Apt #, etc		Suite Apt # etc	
City & State Indianapolis, IN		City & State Indianapolis, IN	
Zip 46222-2513	Country US	Zip 46222-2513	Country US

CR2E041 (1/14)

<b>4 State/Country of Formation</b> Indiana/US	
<b>5 Date Organized or Qualified To Do Business in Florida</b> September 26, 2017	
<b>6 FEI Number</b> 90-0436491	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
<b>7 CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a certificate of status</b>	

**8 Name and Address of Current Registered Agent**

Name  
Richard McComb

Street Address (P.O. Box Numbers Not Acceptable) Suite  
7744 SW Jack James

Apt # Etc

City  
Stuart

State  
FL

Zip Code  
34997

**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: *Richard McComb* Date: October 19, 2018

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
Member	Anton H. George	4565 W 16th St	Indianapolis, IN 46222
CFO	Richard McComb	7744 SW Jack James	Stuart, FL 34997

**OCT 29 2018**  
*CMC*

**11 E-mail Address** dick.mccomb@visioninvestments.us  
(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 605.9012, 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: *Richard McComb* Date: October 19, 2018 Daytime Phone #: 317-295-7056

Typed or printed name of signing authorized representative/member: Richard McComb