


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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

**DOCUMENT #** M17000008215

1. Limited Liability Company's Name

Vision Investments of Indiana, LLC

FILED  
OCT 26 AM 12:00

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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

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

CR2EG41 (1/14)

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

8. Name and Address of Current Registered Agent			
Name Richard McComb			
Street Address (P.O. Box Number is 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

*Richard McComb*

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