PLESTREAD	ALLINOTHUC TONS PEFORE	SEMPLETING THIS FORM
LIMITED VIABILITY	FLOR DA DEFARTMENT OF STATE	1090
REINSTATEMENT	Secretary of State	FILED
,	DIVISION OF CORPORATIONS	00 JAN -3 PM 10: 26
DOCUMENT # M98000000 480 1. Limited Liability Company's Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Vision-Link USA	LLC	
, and the second se	•.	
2. Principal Office Address	3. Mailing Office Address	
1005 State (Ld 84 4 444 Suite, Apt. #, etc.	Suite, Apt. #, etc,	4. State/Country of Formation
PMB 114 City & State	City & State,	5. Date Organized or Qualified To Do Business in Florida 5//5/98
Ft Louderdole H.	NA	6. FEI Number Applied For Not Applicable
33315 BROWAR	Zip N/A Country /A	CERTIFICATE OF STATUS DESIRED
	8. Name and Address of Current Registe	ered Agent
Name VA/entine, Michael L		
Street Address (P.O. Box Number is No	of Acceptable) 936	SN 16 th St.
Suite, Apt. #, Etc.		
City of Louder	dole	State Zip Code FL 333/5
9. 1, being appointed the registered agent of the abo	ve named limited liability company, am familiar with and	accept the obligations of Chapter 608, F.S.
Signature of Pegistered Agent Date 12/27/99		
	EGISTERED AGENT MUST SIGN	
10. Names and Street Addresses of Managing Men	nbers/Managers Street Address of Eac	sh.
Titles Name of Managing Members/ Manage		ager City / State / Zip
Hicks, W.E.	JR. 936 SW 16 15 St.	A Louderbole M. 233:
Volentire M. L.	936 SW /6 IST.	A. Busindple M. 3331
		600003096816~-2
		-01/12/0001094028 ****155.00 ****155.00
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filing this reinstatement application the reason for	r dissolution has been eliminated, the limited liability com	plication as provided for in chapter 608, F.S. I further certify that when pany name satisfies the requirements of section 608.406, F.S., and that n is true and accurate, and my signature shall have the same legal effect
Signature of Manager	26 Date /2	1/27 Daytime Phone # 954-525-4143
Typed or printed name of signing Managing Member/	Manager Michael L.	VAlentine