

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine H. [unclear]
Secretary of [unclear]
DIVISION OF CORPORATIONS

FILED

02 JAN 31 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M98000000480**

1. Limited Liability Company's Name

VISION-LINK USA LLC

9/28/01

2. Principal Office Address

PowerUp, Inc.
1515 N. Federal Hwy
Suite 300-15

City & State

BOCA RATON, FL.

Zip

33432

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

1

City & State

11

Zip

11

Country

11

4. State/Country of Formation

77 Nevada, USA

5. Date Organized or Qualified
To Do Business in Florida

MAY 15 1998

6. FEI Number

65-0822112

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$500 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Michael L. Valentine

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

Same 936 SW 16th St.

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33315

9. 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

Michael L. Valentine
REGISTERED AGENT MUST SIGN

Date **01/04/02**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	Michael L. Valentine	936 SW 16th St	Ft. Lauderdale, FL

11. 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 L. Valentine
Typed or printed name of signing Managing Member/Manager

Date **1/22/02**

Daytime Phone # **954-465-5419**

CR2E041 (9/01)