


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 DEC -1 AM 8:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # M98-1056

1. Limited Liability Company's Name
 Vision 2000 Partners, LTD, LLC
 250 Altamonte Commerce Blvd.
 Altamonte Springs, FL 32714

2. Principal Office Address
 250 Altamonte Commerce Blvd.
 Suite, Apt. #, etc.

3. Mailing Office Address
 Suite, Apt. # etc.

City & State
 Altamonte Springs FL

Zip 32714 **Country** USA

4. State/Country of Formation
 Nevada

5. Date Organized or Qualified To Do Business in Florida
 9/17/98

6. FEI Number 860889405
 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

Name Scott B. Giles
 200003500302
 12/13/00-01099-015
 ****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable)
 650 Douglas Ave #1020

Suite, Apt. #, Etc.

City Altamonte Springs, FL **State** FL **Zip Code** 32714

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 *Scott B. Giles* **REGISTERED AGENT MUST SIGN** **Date** Oct 27, 00

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
MEM	Randy Ray	650 Douglas Ave #1020	Altamonte Springs, FL 32714
MEM	Richard Warren	546 South Longview Pl	Longwood, FL 32779
MEM	Wendy Lewis	256 Newgate Loop	Heathrow, FL 32746

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 *Kandy Ray* **Date** **Daytime Phone #** 407-399-2065

Typed or printed name of signing Managing Member/Manager

CR2EDM1 (9/00)