

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300009156263
11/21/02-01106-007 **245.00



REINSTATEMENT 02

DOCUMENT # N00000002274

1. Corporation Name

CC VISION, INC.

Principal Place of Business

8140 N. WILEY POST WAY
HERNANDO FL 34442

Mailing Address

8140 N. WILEY POST WAY
HERNANDO FL 34442

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/2000

5. FEI Number

59-3576738

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
ST	TROWBRIDGE, MELISSA	3728 S EASTPARK WAY	HOMOSASSA FL 34448
P	JUERGENSIMEYER, CONRAD	8531 E HAMPTON PT	INVERNESS FL 34452
D	BARNETT, OTTIS	671 N FITZPATRICK AVE	INVERNESS FL 34453
V	BIRD, KATHLEEN	2545 S. NOLEN TERRACE	INVERNESS FL 34452
D	FERRANTE, STEVE	1627 W STAFFORD ST	HERNANDO FL 34442
D	VONDERHAAR, SHARON	8140 N WILEY POST WAY	HERNANDO FL 34442

8. Name and Address of Current Registered Agent

VONDERHAAR, SHARON
8140 N WILEY POST WAY
HERNANDO FL 34442

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

Nov 19 2002

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov 19 2002

Daytime Phone #

CR2E040 (8/02)