

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000000639

FILED
Jul 28, 2008
Secretary of State

Entity Name: VISION INTERNATIONAL UNIVERSITY OF FLORIDA, INC.

Current Principal Place of Business:

6454 PARADISE COVE
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

6454 PARADISE COVE
WEST PALM BEACH, FL 33411 US

New Mailing Address:

1008 DRAKE DRIVE
EULESS, TX 76039 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DELGADO, JOHN DR.
6454 PARADISE COVE
WEST PALM BEACH, FL 33411 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DR. JOHN DELGADO

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: DELGADO, JOHN DR.
Address: 6454 PARADISE COVE
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: VP () Delete
Name: DELGADO, IRIS DR.
Address: 6454 PARADISE COVE
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: SECT () Delete
Name: DELGADO, KRISTINE
Address: 6454 PARADISE COVE
City-St-Zip: WEST PALM BEACH, FL 33411 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DELGADO

DR.

07/28/2008

Electronic Signature of Signing Officer or Director

Date