
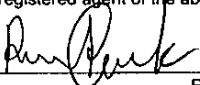
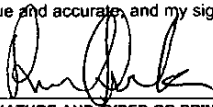


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 DEC -4 AM 9:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N04000006892					
1. Corporation Name VISION CHRISTIAN INTERNATIONAL UNIVERSITY, INC.					
2. Principal Office Address 7226 Arboretum Way Suite, Apt. #, etc.		3. Mailing Office Address same Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 10/09/06 01052 014 \$122.50 CR2E081 (12/05) 05-06	
City & State Trinity, FL.		City & State			
Zip 34655	Country USA	Zip	Country		
				5. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Petr Stashchak					
Street Address (P.O. Box Number is Not Acceptable) 7226 Arboretum Way					
Suite, Apt. #, Etc.					
City Trinity				State FL	Zip Code 34655
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent 		Petr Stashchak Reg. agent		Date 11-20-06	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	Stashchak, Petr	7226 Arboretum Way		Trinity, FL. 34655	
VP	Malkov, Konstantin	2762 Diane Terrace		Clearwater, FL. 33759	
VP	Borisovets, Anatoliy	c. Chubut 2366		Lanus oeste 1824, Buenos Aires, Argentina	
BM	Boaz, Kenneth	1722, Oak Dale Lane East		Clearwater, FL. 33764	
BM	Cortez A., Pedro	901 NE 14TH. Ave., #201		Hallandale, FL. 33009	
BM	Gushchin, Nikolay	1624 Palm Lake Lane, #C		Dunedin, FL. 34698	
10. 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 contained in Chapter 119, 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: 		Petr Stashchak - President 11-20-06		(727) 385-4006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	