

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

05 Rei.

FILED

05 SEP 23 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000011426

1. Entity Name
THE RED APPLE VISSION CORP



Principal Place of Business
4601 W FLAGLER STREET
MIAMI, FL 33013-4

Mailing Address
4601 W FLAGLER STREET
MIAMI, FL 33013-4

2. Principal Place of Business
3440 NW 7 Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 140303
Suite, Apt. #, etc.

City & State
Miami, Florida
Zip
33125
Country
USA

City & State
Coral Gables, Florida
Zip
33114
Country
USA

09222005 REIN-NP CR2E099 (6/04)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOUZON, NIEVES
4601 W FLAGLER STREET
MIAMI, FL 33013-4

7. Name and Address of New Registered Agent

Name BOUZON, NIEVES
Street Address (P.O. Box Number is Not Acceptable)
3440 NW 7 Street
City MIAMI FL Zip Code 33125

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Nieves Mago
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/22/05
DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOUZON, NIEVES 4601 W FLAGLER STREET MIAMI, FL 33134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARRERO, ROSA 4601 W FLAGLER STREET MIAMI, FL 330134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARIAS, JACQUELIN 4601 W FLAGLER STREET MIAMI, FL 33134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOUZON, Nieves 3440 NW 7 Street Miami, Florida 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Marrero, ROSA 3440 NW 7 Street Miami, Florida 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Arias, Jacqueline 3440 NW 7 Street Miami, Florida 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nieves Mago
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/05 (305) 265-0363
Date Daytime Phone #