

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 JAN 22 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

Vision Council, Inc.  
N 22251

**REINSTATEMENT** 02-04

**2. Principal Office Address**

43 N. Krome Ave.

Suite, Apt. #, etc.

**3. Mailing Office Address**

43 N. Krome Ave.

Suite, Apt. #, etc.

**City & State**

Homestead, FL

**Zip**

33030

**Country**

**City & State**

Homestead, FL

**Zip**

33030

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8/27/1987

**5. FEI Number**

65-000-6918

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Michael E. Richardson

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

43 N. Krome Ave.

**Suite, Apt. #, Etc.**

**City**

Homestead

**State**

FL

**Zip Code**

33030

**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

*Michael E. Richardson*

REGISTERED AGENT MUST SIGN

Date

1/13/04

**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/D	Michael E. Richardson	43 N. Krome Ave.	Homestead, FL 33030
C/D	Jerry Weisman	P.O. Box 900400	Homestead, FL 33033
T/D	Pete Blake	30401 S. Dixie Hwy.	Homestead, FL 33030
D	Marshall Walker	600 N. Homestead Blvd.	Homestead, FL 33030
D	Mayor Otis Wallace	404 W. Palm Drive	Florida City, FL 33034
D	Curtis Ivy	790 N. Homestead Blvd.	Homestead, FL 33030

**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 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:**

*Michael E. Richardson*  
MICHAEL E. RICHARDSON, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04  
Date

305-247-7082  
Daytime Phone #

CR2E081 (10/02)

# VISION COUNCIL



January 8, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed you will find the reinstatement form for Vision Council, Inc. document # N22251, and a check for \$192.50 which covers filing for the last 3 years and a certificate of status. According to Andy Dunlap, one of your employees, we do not need to include the reinstatement fee because there is a note on our account that the UBR report was returned to you. Since that is the reason we didn't file, he stated that fee will be waived.

Please reinstate the corporation as soon as possible and mail us the certificate of status as requested. Should you have any questions, you may call me at (305) 247-7082. Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Monica Blackerby".

Monica Blackerby  
Director of Administration and Finance