

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 24 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37395

1. Corporation Name

VISION COMMUNITY DEVELOPERS, INC

WTO - 13178

2. Principal Office Address - No P.O. Box #

1203 N. PINE HILL ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

Zip

32808

Country

ORANGE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/1990

5. FEI Number

650183970

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

DANIEL LAVAN

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

13570 W. COLONIAL DR.

Suite, Apt. #, Etc.

350-156

City

WINTER GARDEN

State

FL

Zip Code

34787

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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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

REGISTERED AGENT MUST SIGN

Date **03-12-2010**

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
PRES.	RATTAN DEODATH	1203 N. PINE HILL ROAD	ORLANDO FL. 32808
S	PATRICIA GOLDEN	106 CALHOUN AVE.	ORLANDO FL. 32751
T	CHARLES MITCHELL	10651 FOX SQUIRREL LN.	JACKSONVILLE FL. 32257
VP	DANIEL LAVAN	13570 W. COLONIAL DR.	WINTER GARDEN FL. 34787
			M. MILLIGAN EXAMINER
			MAR 24 2010

10. E-mail Address: lavangroup@aol.com

(To be used for future annual report notification)

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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL LAVAN

03-12-2010 407-952-6055

Date

Daytime Phone #

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