2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N96000005061

1. Entity Name



FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

2.12.11.10	AND VISIONS INTERNATIO		06 NOV	-7 PM 2:47			
C/O STEPHANIE JOHNSON C/O: 10619 W ATLANTIC BLVD, SUITE 233 106		10619 W ATLANTIC BLV	Mailing Address C/O STEPHANIE JOHNSON 10619 W ATLANTIC BLVD, SUITE 233 CORAL SPRINGS, FL 33071		atewewt _.	-	
2. Principal Place of Business 3. Mail		3. Mailing Address	Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		-NP CR2E099 (1	11/05)	
City & State		City & State		4. FEI Number 65-0721410		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of State		75 Additional Required	
	6. Name and Address of Current R	egistered Agent	Neme	7. Name and Addre	ss of New Registered Agen	nt	
SELF, DAVID C II			Name				
	RALIAN AVE S, SUITE 700 LM BEACH, FL 33401		Street Address (P.O.		O. Box Number is Not Acceptable)		
			City		FL	Zip Code	
	named entity submits this statement for litions of registered agent.	the purpose of changing its	registered office or regis	tered agent, or both, in th	1	liar with, and accept	
SIGNATURE .					0.185		
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	E: Registered Agent signature rec	quired when reinstating)	DATE		
FILE NOW!!! FEE IS \$61.25 In acc corpor			nce with s. 607.193(2)(did not receive the pri	b), F.S., the or notice.	Make check pay Florida Departme		
10.	OFFICERS AND DIRE	CTODS	E		TO OFFICERS AND DIRECT	TORS IN 10	
		CIORS	11.	ADDITIONS/CHANGES	TO OFFICENS AND DIRECT	10:10 111 10	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D JOHNSON, STEPHANIE 10619 W ATLANTIC BLVD, SUITE CORAL SPRINGS, FL 33071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		· _	Change	
NAME STREET ADDRESS	JOHNSON, STEPHANIE 10619 W ATLANTIC BLVD, SUITE	Delete	TITLE NAME STREET ADDRESS		0815768 01016010	Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JOHNSON, STEPHANIE 10619 W ATLANTIC BLVD, SUITE CORAL SPRINGS, FL 33071 D JOHNSON, LINVILLE 10619 W ATLANTIC BLVD, SUITE	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		08157686 01016010 °	Change ☐ Addition ☐ 1	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JOHNSON, STEPHANIE 10619 W ATLANTIC BLVD, SUITE CORAL SPRINGS, FL 33071 D JOHNSON, LINVILLE 10619 W ATLANTIC BLVD, SUITE CORAL SPRINGS, FL 33071 D DEMETRIUS, SUZETTE 4400 NW 99TH AVE	☐ Delete 233 ☐ Delete 233	TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS		08157686 01016010	Change	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	JOHNSON, STEPHANIE 10619 W ATLANTIC BLVD, SUITE CORAL SPRINGS, FL 33071 D JOHNSON, LINVILLE 10619 W ATLANTIC BLVD, SUITE CORAL SPRINGS, FL 33071 D DEMETRIUS, SUZETTE 4400 NW 99TH AVE SUNRISE, FL 33351 D NESTOS, JERRY 10463 NW 10 COURT CORAL SPRINGS, FL 33071 D GUERTAIN, GARY % 4307 EAST BAYVIEW STREET	Delete 233 Delete Delete Delete	TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS		08157686 01016010	Change Addition Change Addition Change Addition Change Addition	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/06

Daytime Phone #