

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006831

1. Corporation Name

"VISIONS PLUS" COMMUNITY DEVELOPMENT CORPORATIO
N

Principal Place of Business

Mailing Address

213 STONE STREET
COCOA FL 32922

213 STONE STREET
COCOA FL 32922



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/03/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3561448	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WELLS, W.O SR	246 ORANGE STREET	COCOA FL 32922
D	MOORE, BARBARA	928 LEVITT PARKWAY	ROCKLEDGE FL 32955
D	WELLS, ANNE	246 ORANGE STREET	COCOA FL 32922
D	SELBY, KAREN	3025 THRUSH DRIVE #102	MELBOURNE FL 32935
D	FLETCHER, SHARON SMITH	205 PALMETTO AVE #508	MERRITT ISL, FL 32953
D	WEATHERSPOON, VOLANDO	1700 UNIVERSITY LANE #108	COCOA FL 32922
D	STONE, REGINALD	345 POMOLO ST	COCOA FL 32922

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WELLS, W.O SR
213 STONE STREET
COCOA FL 32922

Name

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

Suite, Apt. #, Etc.

City

State

Zip

FL

32922

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

W.O. Wells
REGISTERED AGENT MUST SIGN

Date 11/20/00

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 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

Sharon Smith Fletcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHARON SMITH FLETCHER

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11-20-00 321-453-1873

Date

Daytime Phone #