

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV -7 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006831

1. Corporation Name

"VISIONS PLUS" COMMUNITY DEVELOPMENT
CORPORATION

2. Principal Office Address

213 Stone Street

Suite, Apt. #, etc.

City & State

Cocoa, Florida

Zip

32922

Country

USA

3. Mailing Office Address

213 Stone Street

Suite, Apt. #, etc.

City & State

Cocoa, Florida

Zip

32922

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/1998

5. FEI Number

59-3561448

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

W. O. Wells, Sr.

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

213 Stone Street

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32922

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

W. O. Wells, Sr.

Date

11/3/05

REGISTERED AGENT MUST SIGN

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	Wells, W. O.	213 Stone Street	Cocoa, FL 32922
V/D	Moore, Barbara	928 Levitt Parkway	Rockledge, FL 32955
T/D	Wells, Anne R.	246 Orange Street	Cocoa, FL 32922
S/D	White, Annette...	1227 Winding Meadows Rd	Rockledge, FL 32955
D	Moore, Kendall	420 Cobblewood Drive	Rockledge, FL 32955
D	Peete, Herbert	1221 Salmonberry Place	Rockledge, FL 32955

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:

W. O. Wells, Sr.
W. O. Wells, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/03/2005

Date

321-636-7178

Daytime Phone #

CURRENT OFFICERS/DIRECTORS (Block 9) Continued:

D Morgan, Joyce 1095 Hermosa Drive Rockledge, FL 32955