

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N98000006831

1. Corporation Name

"VISIONS PLUS" COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

213 STONE STREET
COCOA FL 32922

~~213 STONE STREET~~ 246 Orange Street
~~COCOA FL 32922~~ Cocoa, FL 32922

FILED

03 MAY -8 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



*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

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$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	XXXXXXXXXX White, Annette	XXXXXXXXXXXXXXXXXXXX 1227 Winding Meadows Road	XXXXXXXXXXXX Rockledge, FL 32955
D	FLETCHER, SHARON S	205 PALMETTO AVE #508	MERRITT ISLAND FL 32953

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 5/5/03

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.

W. O. Wells, Sr.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/03

Date

(321) 636-0705

Daytime Phone #

CR2040 (8/01)