

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 JUN -7 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-06/18/02--01084--002

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REINSTATEMENT 01-02

DOCUMENT # N99000001253

1. Corporation Name

VISION 2004, INC.

Principal Place of Business

Mailing Address

7750 N.W. 7TH AVENUE  
MIAMI FL

7750 N.W. 7TH AVENUE  
MIAMI FL

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/26/1999

5. FEI Number

65-0913695

Applied For

Not Applicable

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 (#)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	SAINVIL, VICTOR	7750 N.W. 7TH AVENUE	MIAMI FL
VPD	LOUIS, ROBINSON	7750 N.W. 7TH AVENUE	MIAMI FL
SD	BELIZAIRE, SERGE	7750 N.W. 7TH AVENUE	MIAMI FL
TD	SAINVIL, JACQUES	7750 N.W. 7TH AVENUE	MIAMI FL
ATD	EMMANUEL, LOUIS	7750 N.W. 7TH AVENUE	MIAMI FL
D	GEFFRARD, LUNIQUE	7750 N.W. 7TH AVENUE	MIAMI FL

8. Name and Address of Current Registered Agent

SAINVIL, VICTOR  
7750 N.W. 7TH AVENUE  
MIAMI FL

9. Name and Address of New Registered Agent

Name

VICTOR SAINVIL

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

7750 N.W. 7TH AVENUE

Suite, Apt. #, Etc.

MIAMI

City

State

FL

Zip Code

33130

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/01

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR SAINVIL

Date

Daytime Phone #