

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 MAR -3 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

N99 ~~0000~~ 1253

1. Corporation Name

Vision 2014 Inc.

2. Principal Office Address - No P.O. Box #

7750 N.W. 7<sup>th</sup> Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33150

Country

USA

3. Mailing Office Address

7750 N.W. 7<sup>th</sup> Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33150

Country

USA

7. Name and Address of Current Registered Agent

Name

VICTOR SAIN VIL

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

9407 N.W. 4<sup>th</sup> Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33150

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/26/08

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.	VICTOR SAIN VIL	9407 N.W. 4 <sup>th</sup> Ave.	Miami, FL 33150
T.	Josue Sain Vil	6220 N.W. 9 <sup>th</sup> Ave.	Miami, FL 33150
N.	Nancy Belot	965 - 10 <sup>th</sup> St	Miami, FL 33150

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

3/2/09

Date

786-263-3348

Daytime Phone #

700139360947  
03/03/09--01012--002 \*\*70.00  
700139360947  
12/30/08--01039--003 \*\*236.25

REINSTATEMENT 08-09

4. Date Incorporated or Qualified  
To Do Business in Florida

May 18, 2008

5. FEI Number

26-3402-050

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.