

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 OCT 22 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000003512

1. Corporation Name

INVISION ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~12 OAK DR.~~
~~OCALA FL 32672~~

~~12 OAK DR.~~
~~OCALA FL 32672~~

SAME

12257 S. US HWY 441
BELLEVUE, FL 34420

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

01/06/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3631960

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PILARCZYK, ERVIN R	12 OAK DR. 12257 S. US HWY 441	OCALA FL 32672 BELLEVUE, FL 34420
D	MALONE, ROGER J	16008 ROYAL ABERDEEN PL	OCALA FL 32672
D	BRIGGS, CLIFFORD E	1908 CLATTER BRIDGE RD.	OCALA FL 34471
D	ALLAN, WILLIAM L	2321 SE 38TH AVE.	OCALA FL 34471
D	ALLAN WILLIAM W.	3811 S.E. 24TH ST.	OCALA, FL 34471

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PILARCZYK, ERVIN R

~~12 OAK DR.~~

~~OCALA FL 32672~~

12257 S. US HWY 441
BELLEVUE, FL 34420

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

BELLE VUE

FL

34420

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

200004672762--2
11/08/01--01061--004
***150.00 ***150.00
Date 10-17-01

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

Date

Daytime Phone #

10-17-01

352
245-5200

CR2E040 (8/01)

InVision Enterprises, Inc.
12257 S. US HWY 441
Bellevue FL 34420

[Click here and type return address]

October 16, 2010

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314-6327

Dear Sir or Madam:

We have just received a NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION. We have searched for and did not receive an original (Green Form)

We have changed our address now 3 times since our Incorporation, we now have settled into a facility, located in Bellevue Florida. I immediately contacted your department and spoke with Suzanne. She advised us to write a letter explaining this issue.

Thank you for your consideration with this matter.

Please find enclosed our check for \$ 150.00 Along with the corrected REINSTATEMENT APPLICATION

Sincerely,



Ervin R. Pilarczyk
Director