

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

2001 UBR

DOCUMENT # P00000023335

1. Corporation Name

INVISION NETWORK ENGINEERING, INC.

Principal Place of Business

6905 SIMCA DR.
JACKSONVILLE FL 32277

Mailing Address

6905 SIMCA DR.
JACKSONVILLE FL 32277

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/29/2000

5. FEI Number

59-363 0033

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(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	BAILEY, JAMES B	6905 SIMCA DR.	JACKSONVILLE FL 32277
			4000004679664--1 -11/14/01--01088--020 ****150.00 ****150.00
			115

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAILEY, JAMES B
6905 SIMCA DR.
JACKSONVILLE FL 32277

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

10/23/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/01 904-744-8918

CR2E040 (8/01)



Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA
RICHARD L. ROSS, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

October 24, 2001

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32302

Re: Invision Network Engineering, Inc.. – 2001 Uniform Business Report
Doc. #: P000000023335

Dear Sir or Madam:

The above referenced Taxpayer has never received the Original 2001 Uniform Business Report. Upon receipt of the latest (Application for Reinstatement) the Taxpayer brought this to our office for review. The Taxpayer has signed and submitted a check for \$150.00. We are asking your assistance in abating any Late Filing Penalties. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to be "J. Reese".

James K. Reese, EA

Enclosures:
Check for \$150.00