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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 OCT -3 AM 10:08

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P0000003245/
1. Corporation Name
Visiona, Inc.

2. Principal Office Address 1093 N.E. 79 St. Suite, Apt. #, etc.		3. Mailing Office Address 1093 N.E. 79 STREET Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33138	Country MIA-DADE	Zip 33138	Country MIA-DADE

REINSTATEMENT 03-06

4. Date Incorporated or Qualified To Do Business in Florida 3-27-2000	
5. FEI Number 65-1035245	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Luis M. Gonzalez	300080385373 10/03/06--01018--024 **500 00
Street Address (P.O. Box Number is Not Acceptable) 8550 S.W. 20th Street.	
Suite, Apt. #, Etc.	
City Miami	State FL
Zip Code 33155	

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 Luis M. Gonzalez **REGISTERED AGENT MUST SIGN** **Date** 9/29/06

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	Luis M. Gonzalez	8550 S.W. 20 Street	Miami, FL 33155
VP	JUAN C. CORDERO	1093 N.E. 79 Street	Miami FL 33138

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: Luis M. Gonzalez **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 9/29/06 **Daytime Phone #** _____

9002 0 I 100 OCT 1 0 2006 B. Mitchell

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**VISIONA, INC.
1093 N.E. 79TH STREET
MIAMI, FLORIDA 33138**

September 29, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

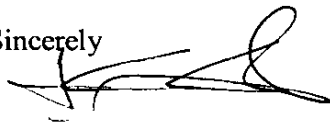
Dear Sir or Madam:

The following is to inform you that the annual report for 2003 was never received. Apparently we moved around that time and maybe that is the reason that it did not reached us.

We would like to kindly request to please waive the reinstatement fee.

Thank you,

Sincerely



Juan C Cordero
Vice-President