

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR -8 AM 8:59

DOCUMENT # P00000032941

1. Entity Name  
IT NEW VISION, INC.



Principal Place of Business

4331 SW 160 AVENUE  
STE 107  
MIRAMAR, FL 33027

Mailing Address

4331 SW 160 AVENUE  
STE 107  
MIRAMAR, FL 33027

**REINSTATEMENT** 05-06



2. Principal Place of Business

1200 BRICKELL BAY DR.  
Suite, Apt. #, etc.  
3007

3. Mailing Address

1200 BRICKELL BAY DR.  
Suite, Apt. #, etc.  
3007

03012006 REIN-P CR2E098 (11/05)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0997804

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARLOS, ARDILA  
4331 SW 160 AVENUE  
STE 107  
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete  
NAME ARDILA, CARLOS  
STREET ADDRESS 4331 SW 160 AVENUE #107  
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1200 BRICKELL BAY DRIVE, #3007  
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 700068106787  
CITY-ST-ZIP 03/20/06--01021--002 \*\*900.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 6/2006 305-600-4496