


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000039570

1. Corporation Name

K.E.P. VISIONS, INC.

Principal Place of Business

Mailing Address

1082 SHAFFER TRAIL
OVIEDO FL 32765

1082 SHAFFER TRAIL
OVIEDO FL 32765

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

04/14/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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
D	PETERSON, G ERIC	1376 WOODFIELD OAKS DRIVE 1082 SHAFFER TRAIL	APOPKA FL 32703 OVIEDO FL 32765
D	PETERSON, DONNA K	1376 WOODFIELD OAKS DRIVE 1082 SHAFFER TRAIL	APOPKA FL 32703 OVIEDO FL 32765
			800004671308--9 -11/07/01--01068--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PETERSON, G ERIC
1376 WOODFIELD OAKS DRIVE
APOPKA FL 32703

Name
Donna K. Peterson
Street Address (P.O. Box Number is Not Acceptable)
1082 Shaffer Trail
Suite, Apt. #, Etc.
City
Oviedo
State
FL
Zip Code
32765

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

Donna K. Peterson

Date 10/17/01

REGISTERED AGENT MUST SIGN

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-2001 4073317649

K.E.P. Visions, Inc.
1082 Shaffer Trail
Oviedo, FL 32765
(407) 359-7424

October 17, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Notice of Administrative Dissolution

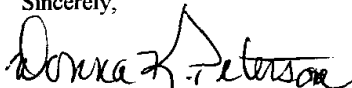
Dear Sirs:

We received the above referenced notice earlier this week and are very concerned with resolving this matter.

We never received an annual report/uniform business report from your office, nor did we receive the second notice. We moved to the above referenced address on 7/31/2000 and can only presume that these notices went to the old address and were not forwarded to us. Also during this time, our accountant/financial advisor was hospitalized for quite some time and therefore, did not follow up with us on this matter. We regret this oversight and hope to set it right with this correspondence and the enclosed check for \$150.00 that we were advised to include.

Should there be any further question or problem, please contact us.

Sincerely,



Donna K. Peterson
Director