

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000001408

1. Corporation Name

VISTA SYSTEM, INC.

FILED

02 JAN 17 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~4702 E LAKE CIR~~
~~SARASOTA FL 34232~~

~~4702 E LAKE CIR~~
~~SARASOTA FL 34232~~



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

12/28/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

SARASOTA, FL

SARASOTA, FL

Zip

Country

Zip

Country

65-1078797

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	SCHNEIDER, ROGER	4702 E LAKE CIR	SARASOTA FL 34232
D	SCHNEIDER, SAMUEL H	4702 E LAKE CIR	SARASOTA FL 34232

800004853218--0

-02/01/02--01044--030

*****300.00 *****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUDSON, THOMAS S
1800 2ND ST, STE 960
SARASOTA FL 34236

Name

ROGER SCHNEIDER

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

4545 MARIOTTI COURT, UNIT C

Suite, Apt. #, Etc.

SA

City

SARASOTA

State

FL

Zip Code

34233

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] Roger Schneider
REGISTERED AGENT MUST SIGN

Date

11/26/01

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 #

1/13/02

(941)957-0500

CR2E040 (8/01)

LAW OFFICE OF THOMAS S. HUDSON, P.A.
Attorneys at Law

1800 SECOND STREET-SUITE 960
SARASOTA, FL 34236
(941) 957-0500 Fax (941) 954-2304
Toll Free (888) 957-0500

1360 W. 9th St., SUITE 400
CLEVELAND, OHIO 44113
(216) 771-1144 Fax (216) 736-7136
E-Mail: MrRnR@OCO.net

THOMAS S. HUDSON
Florida and Ohio

JAMES E. BEHRENS
JOSEPH R. GIOFFRE
Of Counsel - Ohio Only

January 14, 2002

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

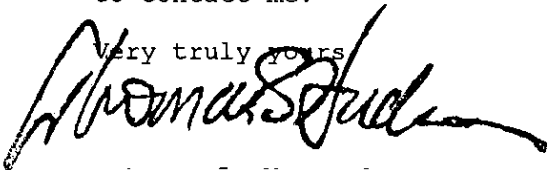
In re: Vista System, Inc., P01000001408

Dear Sir or Madam:

Please accept this letter of explanation along with the Application for Reinstatement for the above named corporation. The original annual report form was never received at the principal place of business or in the hands of the registered agent.

If I can answer any questions regarding the foregoing, please don't hesitate to contact me.

Very truly yours,



Thomas S. Hudson