

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 SEP -3 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000013088

**1. Corporation Name**

TIMEVISION HOLDING CORP.

3741 Santa Barbara Blvd.

3741 Santa Barbara Blvd.

**2. Principal Office Address**

3741 Santa Barbara Blvd.

Suite, Apt. #, etc.

**3. Mailing Office Address**

3741 Santa Barbara Blvd.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33904

Country

USA

Zip

33904

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 02/01/2001...

**5. FEI Number**

Applied For

☒ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Petra Tiessen

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

3741 Santa Barbara Blvd.

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

**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

*P. Tiessen*

Date 08-31-09

REGISTERED AGENT MUST SIGN

**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
D	Klaus Kaisinger	3741 Santa Barbara Blvd.	Cape Coral, FL 33904

**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 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:**

*P. Tiessen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-31-09

Date

239-275-3490

Daytime Phone #

CR2E081 (01/04)