

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC 12 PM 1:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000039095**

1. Corporation Name
VISION INVESTMENTS OF NORTH FLORIDA, INC.

Principal Place of Business 1834 BUCCANEER CIRCLE E. JACKSONVILLE FL 32225	Mailing Address 1834 BUCCANEER CIRCLE E. JACKSONVILLE FL 32225
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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 04/18/2001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 593710188	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. <input type="checkbox"/> 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KENNEDY, RICHARD E	1834 BUCCANEER CIRCLE E.	JACKSONVILLE FL 32225

900008829609
 11/06/02--01073--012 **150.00

8. Name and Address of Current Registered Agent KENNEDY, RICHARD E 1834 BUCCANEER CIRCLE E. JACKSONVILLE FL 32225		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #: Etc.	
		City	State FL Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent  **SIGNATURE REQUIRED** Date **11-5-02**
 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 REQUIRED** Date **11-5-02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRE040 (8/02)

Vision Investments of North Florida, Inc.

1834 Buccaneer Circle East
Jacksonville, Florida 32225

Phone 221-5360
Fax 221-5332

December 12, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: Document # P01000039095

In response to your letter dated November 20, 2002, I have not received any letters from your department concerning the reinstatement of Vision Investments of North Florida. All correspondence has been reviewed and no other letters or UBR notices have been received from your department before the enclosed application arrived. If you have any questions about this matter, please call (904)221-5304. Your cooperation is appreciated.

Sincerely,


Catherine Kennedy

Vision Investments of North Florida, Inc.

1834 Buccaneer Circle East
Jacksonville, Florida 32225

Phone 221-5360
Fax 221-5332

November 05, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

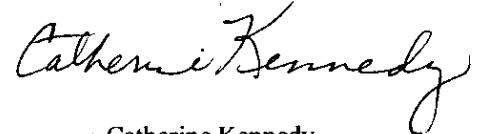
RE: Document # P01000039095

After speaking with one of your agents on November 5, 2002, I was instructed to complete the application for reinstatement, send a check, and a letter of explanation.

~~The letter of explanation was to explain the circumstances for the delay. As secretary, it is part of my job to reply to correspondence.~~ This application of reinstatement is the first document that I have seen since my mother's surgery. Her healing process has been slow, and I have been unable to fulfill my duties as usual. I have no knowledge of any other documents sent.

Please review this information and reply. I can also be reached at (904)724-5089. This is my mother's telephone number. Her knee replacement surgery makes phone calls difficult to answer. Try my cellular number after five rings (904)707-6476. Thanks.

Sincerely,



Catherine Kennedy