

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 12:43

DOCUMENT # **P01000044162**

1. Corporation Name

VISION SPY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

21559 CYPRESS HAMMOCK DRIVE
BOCA RATON FL 33428

Mailing Address

21559 CYPRESS HAMMOCK DRIVE
BOCA RATON FL 33428



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/2001

5. FEI Number

06-1617998

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FOX, KEITH	21559 CYPRESS HAMMOCK DRIVE	BOCA RATON FL 33428
D	Steven Fox	21559 cypress hammock	BOCA RATON FL 33428
D	Jerome Fox	21559 cypress hammock	BOCA RATON FL 33428

600023908096
10/17/03--01060--015 **150.00

8. Name and Address of Current Registered Agent

FOX, KEITH
21559 CYPRESS HAMMOCK DRIVE
BOCA RATON FL 33428

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

Jerome Fox

REGISTERED AGENT MUST SIGN

Date 10/13/03

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:

Jerome Fox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03 5612182442
Date Daytime Phone #

CR2E040 (7/03)

VISIONSPY

toll free: 1-866-82-MODEL
tel: 561.218.2442 • fax: 561.482.0447
21559 Cypress Hammock • Boca Raton, FL 33428
www.eVisionSpy.com

October 13, 2003

To Whom It May Concern:

Please note that any prior
VBR notices were not received.

Thank you for your consideration
in this matter.

Sincerely

John Jay