

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

03 NOV -3 PM 12:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000095842**

1. Corporation Name

**VISION INTERIORS, INC.**

Principal Place of Business

Mailing Address

824 ANDREWS AVENUE  
 DELRAY BEACH FL 33483

824 ANDREWS AVENUE  
 DELRAY BEACH FL 33483



**REINSTATEMENT 2003**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/02/2001

5. FEI Number

NOT APPLICABLE

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	HEFLEY, ONDINE	824 ANDREWS AVENUE	DELRAY BEACH FL 33483

500024380475  
 11/03/03--01062--024 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HEFLEY, ONDINE  
 824 ANDREWS AVENUE  
 DELRAY BEACH FL 33483

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

REGISTERED AGENT MUST SIGN

Date 10/9/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03

Date

561-320-0095

Daytime Phone #

CR2E040 (7/03)