PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P01000120922

VISIONBURST, INC.

Principal Place of Business

Mailing Address

6912 STIRLING ROAD HOLLYWOOD FL 33024

1. Corporation Name

6912 STIRLING ROAD HOLLYWOOD FL 33024 FILED

02 NOV 12 AM 8:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

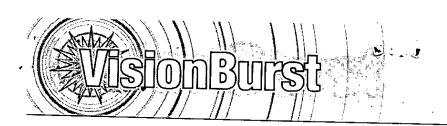


If above a	addresses are incorrect in any way, line th	Trough incorrect	information s	and enter correction below				
New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 12/24/2001			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						
City & State	9	City & State			5. FEI Numbe	3587879	Applied For Not Applicable	
Zip	Country	-Zip	<u> </u>	-Country	CERTIFICATI	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	I/or Director (Fig	orida nonprof	fit corporations must list at le	east 3 directors)			
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Directo		h			
Р	P FRIER, ANDREW M		 	IRLING ROAD	HOLLYWOOD FL 33024			
				·				
		·						
				- \.t-	50: 10/22/	02-01080-02	295	
				Maple	101 MOI	pe 01000 -021	U **130.00	
				4				
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
				Name				
FRIER, ANDREW M 6912 STIRLING ROAD			Street Address (P.O. Box Number is Not Acceptable)					
HOLLYWOOD FL 33024				Suite, Apt. #, Etc.				
			City	FL FL				
10. I, being Signature of Registered #		egistered ag	RE	QUIRED	bligations of Section	on 607.0505, F.S. or 617	.0505, F.S.	
11. I certify t	hat I am an officer or director or the recei	ver or trustee en	powered to	execute this application as p	provided for in char	oter 607 or 617, F.S. I fu	rther 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

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.



Design, Marketing and Creative Services

October 23, 2002

Florida Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Florida 32314-6327

To Whom It May Concern:

I filed my-UBR in-April, 2002. I was unaware that it had not been received by your office until I received your Notice of Dissolution. I have checked with my bank and they have no record of having received payment.

Upon calling your office, I was directed to re-file at the original \$150.00 filing fee.

Please find enclosed the application for reinstatement and my check for \$150.00.

Your attention to this matter is greatly appreciated.

Sincerely,

Andrew Frier

President

VisionBurst, Inc.