

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

APPLICATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120922

1. Corporation Name

VISIONBURST, INC.

Principal Place of Business

6912 STIRLING ROAD  
HOLLYWOOD FL 33024

Mailing Address

6912 STIRLING ROAD  
HOLLYWOOD FL 33024

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

12/24/2001

5. FEI Number

04 3587879

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FRIER, ANDREW M	6912 STIRLING ROAD	HOLLYWOOD FL 33024

500008625295  
10/28/02--01080--020 \*\*150.00

8. Name and Address of Current Registered Agent

FRIER, ANDREW M  
6912 STIRLING ROAD  
HOLLYWOOD FL 33024

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

REGISTERED AGENT MUST SIGN

Date

10/23/02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02 954-987-2720

Daytime Phone #

CR2E040 (8/02)



PS 20fr

*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.

[www.visionburst.com](http://www.visionburst.com)

6912 Stirling Road • Hollywood, Florida 33024 • USA  
Phone: (954) 987-2720 • Fax: (954) 252-3739