

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000059002

1. Corporation Name

VISTA SOLUTIONS, INC.

Principal Place of Business

Mailing Address

9733 ARBOUR OAKS LANE
206
BOCA RATON FL 33428

9733 ARBOUR OAKS LANE
206
BOCA RATON FL 33428

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

05/28/2002

5. FEI Number

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
PS	BADDELEY, RAYLENE	9733 ARBOUR OAKS LANE	BOCA RATON FL 33428

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BADDELEY, RAYLENE

9733 ARBOUR OAKS LANE

206

BOCA RATON FL 33428

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

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

Date

Daytime Phone #

FILED

03 OCT 21 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

100023984921
10/21/03--01130--015 **150.00

100023984921
10/21/03--01130--016 **8.75

CR2EP40 (7/03)

Vista Solutions, Inc.

9296 Ketary Circle, Boca Raton, Florida, 33428

Division of Corporations
Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-3627

To Whom It May Concern,

Re: Reinstatement of Vista Solutions, Inc - FID # 020604474

Please note, I have telephoned your offices and spoken with a gentleman by the name of "Tom". Explaining that I had not received any documentation concerning the Uniform Business Report for 2003.

As a result of our conversation, he instructed me to fill out the paperwork that I had, enclose this letter together with a check in the amount of \$150.00.

I have also enclosed a check in the amount of \$8.75 for the Certificate of Status.

I apologize for any inconvenience. Please contact me should you have any questions.

Kind Regards

Raylene Baddeley
Vista Solutions, Inc.