

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 29 AM 8:00

DOCUMENT # P02000112747

1. Corporation Name

VISION MANAGEMENT OF WESTON
INC.

REINSTATEMENT 03-04

500039693055
07/29/04--01042--001 **300.00

MRS

2. Principal Office Address

210 71 STREET

Suite, Apt. #, etc.

313

City & State

MIAMI BEACH FL

Zip

33141

Country

USA

3. Mailing Office Address

210 71 STREET

Suite, Apt. #, etc.

313

City & State

MIAMI BEACH FL

Zip

33141

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/2002

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CARLOS BEJARANO

Street Address (P.O. Box Number is Not Acceptable)

210 71 STREET

Suite, Apt. #, Etc.

313

City

MIAMI BEACH

State

FL

Zip Code

33141

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Carlos Bejarano

REGISTERED AGENT MUST SIGN

7/24/04
Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CARLOS BEJARANO	210 71 ST. STE 313	MIAMI BEACH FL 33141

10. 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:

Carlos Bejarano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/04

Date

Daytime Phone #

CR2E081 (01/04)