

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 11 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000125836

1. Corporation Name
Soaring Visions Inc.

2. Principal Office Address
602 Douglas Ave

Suite, Apt. #, etc.

City & State
Dunedin, FL

Zip
34698

Country
USA

3. Mailing Office Address
602 Douglas Ave

Suite, Apt. #, etc.

City & State
Dunedin, FL

Zip
34698

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 11/26/2002

5. FEI Number
61-1431762

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
Ernest C. Simmons

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

Suite, Apt. #, Etc.

City
Dunedin

State
FL

Zip Code
34698

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

Ernest C. Simmons

Date 2/8/2005

REGISTERED AGENT MUST SIGN

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
D/P	Ernest C. Simmons	602 Douglas Avenue	Dunedin, FL 34698
			4100046904304 02/21/05--01011--015 **300.00
		REINSTATEMENT	04-05

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: X

Ernest C. Simmons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/2005

Date

727-738-0161

Daytime Phone #

CR2E081 (01/05)

Soaring Visions, Inc.
602 Douglas Avenue
Dunedin, FL 34698
(727) 738-0161

February 8, 2005

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Soaring Visions, Inc.
P02000125836
Tax ID: 61-1431762
Request to Waive Late Filing Fees

To Whom It May Concern:

This letter is to formally request a waiver of the late filing fees for the 2004 UBR of the referenced entity.

I am enclosing a Reinstatement form, along with a check in the amount of \$300.00 for the 2004 and 2004 UBR. The original notices were not forwarded to me and when I recently switched accounting firms, I became aware of the deficiency. I have noted the correct address on the Reinstatement for.

I apologize for the delay and am grateful for your understanding.

Sincerely,



Signed in his absence to expediate mailing.

Ernest C. Simmons
President