

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 17 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09302005 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P03000018049</b> 1. Entity Name <b>DOUBLE VISION, INC.</b>					
Principal Place of Business <b>3875 SHIPPING AVE MIAMI, FL 33146</b>			Mailing Address <b>3875 SHIPPING AVE MIAMI, FL 33146</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>14-1872002</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>THOMAS, JOHN J 3875 SHIPPING AVE MIAMI, FL 33146</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>10-12-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT STANTON, RICHARD K TWO ALHAMBRA PLAZA, SUITE 508 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT STANTON, RICHARD K. 150 NW 183rd STREET, SUITE 200 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS THOMAS, JOHN C/O TWO ALHAMBRA PLAZA, SUITE 508 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS THOMAS, JOHN 3875 SHIPPING AVE MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060308575 10/06/05--01061--003 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:		<b>RICHARD K. STANTON</b>		Date <b>09/30/05</b>	Daytime Phone # <b>305 493 4040</b>

REINSTATEMENT