2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000066384

1. Entity Name
NVISION INDUSTRIES INC.

FILED
05 MAR 11 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REIN 04-05

03092005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
1000 WEST MCNAB ROAD POMPANO BEACH, FL 33069	1000 WEST MCNAB ROAD POMPANO BEACH, FL 33069

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2610 NW 4TH STREET Suite, Apt. #, etc.
City & State	City & State: FORT LAUDERDALE, FL.
Zip / Country	Zip: 33311 / Country: USA

4. FEI Number: 20-1587550 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLEMING, DAVID 1000 WEST MCNAB ROAD POMPANO BEACH, FL 33069	Name Street Address (P.O. Box Number Is Not Acceptable) City: FL Zip Code

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: David Fleming 3-9-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO FLEMING, DAVID 1000 WEST MCNAB ROAD POMPANO BEACH, FL 33069	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR FLEMING, DAVID 1000 WEST MCNAB ROAD POMPANO BEACH, FL. 33069	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FLEMING, CLARENCE 1000 WEST MCNAB ROAD POMPANO BEACH, FL 33069	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY FLEMING, CLARENCE 1000 WEST MCNAB ROAD POMPANO BEACH, FL 33069	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO/PRESIDENT CONNIE STOKES 2610 NW 4TH STREET FORT LAUDERDALE, FL 33311	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SENIOR VP / COO EVELYN SHELL 2610 NW 4TH STREET FORT LAUDERDALE, FL 33311	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER JOYCE PHILLIPS 1000 WEST MCNAB ROAD POMPANO BEACH, FL. 33069	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300048846533 03/22/05--01022--022 **308.75	☐ Change ☐ Addition

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: David Fleming DAVID FLEMING 3-9-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #