


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000092632		
1. Entity Name VISION TELECOMM INC.		

Principal Place of Business 215 N.E. 24TH STREET SUITE 111 FT. LAUDERDALE, FL 33305	Mailing Address 215 N.E. 24TH STREET SUITE 111 FT. LAUDERDALE, FL 33305
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2. Principal Place of Business 8253 NW 56th St Suite, Apt. #, etc.	3. Mailing Address 8253 NW 56th St. Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL	4. FEI Number 20-0176588	Applied For Not Applicable
Zip 33166	Country USA	Zip 33166	Country USA

6. Name and Address of Current Registered Agent BENYOSEF, SHMUEL 215 N.E. 24TH STREET SUITE 111 FT. LAUDERDALE, FL 33305		7. Name and Address of New Registered Agent Name: Shmuel Benyosef Street Address (P.O. Box Number is Not Acceptable): 8253 NW 56th Street City: Doral FL Zip Code: 33166	
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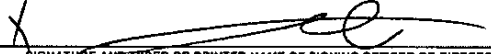
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BENYOSEF, SHMUEL 215 N.E. 24TH STREET SUITE 111 FT. LAUDERDALE, FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SHMUEL BENYOSEF 8253 NW 56TH STREET DORAL, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800057345898 07/12/05--01038--002 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  06/30/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
05 JUL -1 AM 9:20  
SECRET  
FALL 2005



06292005 REIN-P CR2E098 (6/04)

4. FEI Number  
20-0176588

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BENYOSEF, SHMUEL  
215 N.E. 24TH STREET  
SUITE 111  
FT. LAUDERDALE, FL 33305

7. Name and Address of New Registered Agent  
Name: Shmuel Benyosef  
Street Address (P.O. Box Number is Not Acceptable):  
8253 NW 56th Street  
City: Doral FL Zip Code: 33166

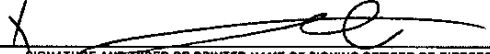
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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