

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC -9 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Vision Finance, Inc.
P03000137933

2. Principal Office Address

Am Sebastianspfad 54

Suite, Apt. #, etc.

City & State

Mönchengladbach

Zip

Germany

Country

41889

3. Mailing Office Address

1220 N. Market St.

Suite, Apt. #, etc.

City & State

Wilmington, DE

Zip

19801

Country

USA

REINSTATEMENT 2004

4. Date Incorporated or Qualified

To Do Business in Florida 11/21/2003

5. FEI Number

NONE

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

Florida Filing and Search Services, Inc.

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

1333 N. Duval St

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/9/04

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
M	Reimund Matiwe	Am Sebastianspfad 54,	Mönchengladbach, Germany, 41889

000043615720
12/27/04--01002--001 **750.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reimund Matiwe 12.11.04 00492166835519

Date

Daytime Phone #

CR2E081 (01/04)