

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT -7 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P040000006997

1. Corporation Name

Eddie Vision Inc

2. Principal Office Address - No P.O. Box #

Eddie Vision Inc

3. Mailing Office Address

Eddie Vision Inc

Suite, Apt. #, etc.

7445 Minnow Brook way

Suite, Apt. #, etc.

7445 Minnow Brook way

City & State

Land O Lakes

City & State

Land O Lakes

Zip

34637

Country

Pasco

Zip

34637

Country

Pasco

900161429879
10/07/09--01010--009 **1358.75

CB2E081 (12/08)

REINSTATEMENT 65-09

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/04

5. FEI Number

59-377-5170

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

Edward John Staffenberg

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

7445 Minnow Brook way

Suite, Apt. #, Etc.

City

Land O Lakes

State

FL

Zip Code

34637

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Edward John Staffenberg

REGISTERED AGENT MUST SIGN

Date 10/05/09

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	Edward John Staffenberg	7445 Minnow Brook way	Land O Lakes FL, 34639
D	Sherry Ann Staffenberg	7445 Minnow Brook way	Land O Lakes FL, 34639

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 contained in Chapter 119, 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

10/04/09 727-622-4017

Date

Daytime Phone #