


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000070342

1. Entity Name:
20/20 VISION MANAGEMENT, INC.



FILED
2007 DEC 17 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 40303 FISHER ISLAND DRIVE, FISHER ISLAND, FL 33109

Mailing Address: 40303 FISHER ISLAND DRIVE, FISHER ISLAND, FL 33109

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



4. FEI Number: Applied For, Not Applicable

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

6. Name and Address of Current Registered Agent:
SCHAFFER, KEITH A
1720 HARRISON STREET
SUITE 7A
HOLLYWOOD, FL 33109

7. Name and Address of New Registered Agent:
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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 12/13/07

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$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	P/D STEIN, CHAZON 40303 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	<input type="checkbox"/> Delete	TITLE	700113204327 12/17/07--01064--017 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowerments.

SIGNATURE: *[Signature]* officer DATE: 12/13/07 DAYTIME PHONE: 305 984 3038