

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000014696

**FILED**  
**Nov 19, 2014**  
**Secretary of State**

**Entity Name:** ENVISION SOLUTIONS, INC.

**Current Principal Place of Business:**

2238 REEFVIEW LOOP  
APOPKA, FL 32712 US

**New Principal Place of Business:**

12 WINDING CREEK WAY  
ORMOND BEACH, FL 32174 US

**Current Mailing Address:**

2238 REEFVIEW LOOP  
APOPKA, FL 32712 US

**New Mailing Address:**

12 WINDING CREEK WAY  
ORMOND BEACH, FL 32174 US

**FEI Number:** 90-0936729

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAX CARE, INC  
417 CENTER POINTE CIR.  
1737  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

WIZARD LEASING CORP  
12 WINDING CREEK WAY  
ORMOND BEACH, FL 32174 US

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.

**SIGNATURE:** JOSEPH DAPRILE

11/19/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DAPRILE, JOSEPH  
**Address:** 12 WINDING CREEK WAY  
**City-St-Zip:** ORMOND BEACH, FL 32174 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JOSEPH DAPRILE

PRES

11/19/2014

Electronic Signature of Signing Officer or Director

Date