

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 DEC -3 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P19927**

1. Corporation Name

Vision Business Products, Inc.

900138380419
12/02/08--01031--009 **900.00

900138380419
12/02/08--01031--010 **8.75

REINSTATEMENT 07-08

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

7201 Lake Ellenor Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32809

Country

Orange

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/1988

5. FEI Number

650055715

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

Karen L. Esposito

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

7201 Lake Ellenor Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32809

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

Karen L. Esposito

REGISTERED AGENT MUST SIGN

Date

12/1/08

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
C	James H. Rogers	7201 Lake Ellenor Drive	Orlando, FL 32809
P	Thomas M. Rogers	7201 Lake Ellenor Drive	Orlando, FL 32809
V/T	James V Rogers	600 Logan Street	Carnegie, PA 15106
S	Sarah V Rogers	7201 Lake Ellenor Drive	Orlando, FL 32809
AS	Karen L. Esposito	7201 Lake Ellenor Drive	Orlando, FL 32809

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

Thomas M. Rogers 12/1/2008

Date

Daytime Phone #

407-857-1214