

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 MAR 24 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000033161**

1. Corporation Name  
**VISION GRAPHICS, INC.**

Principal Place of Business  
**1861 N FEDERAL HWY  
SUITE 158  
HOLLYWOOD FL 33020**

Mailing Address  
**1861 N FEDERAL HWY  
SUITE 158  
HOLLYWOOD FL 33020**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/05/1993	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0414925	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DONIN, BRUCE	21185 MAINSAIL CR. #14D	MIAMI FL 33180
			100002123421--5 -03/25/97--01047--023 ***\$15.00 ***\$15.00

REINSTATEMENT 96-97

A. Alan

3/24/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~MORELL, WILLIAM~~  
~~1861 N FEDERAL HWY~~  
~~SUITE 158~~  
~~HOLLYWOOD FL 33020~~  
**Bruce Donin**  
**21185 Mainsail Cir.**  
**#14D**  
**Miami, FL 33180**

Name **Bruce Donin**  
Street Address (P.O. Box Number is Not Acceptable) **21185 Mainsail Cir. #14D**  
Suite, Apt. #, Etc.  
City **Miami** State **FL** Zip Code **33180**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Bruce Donin*  
REGISTERED AGENT MUST SIGN

Date **3/19/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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: *Bruce Donin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/97**

Daytime Phone #

CR2E040 (7/96)