


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: center; font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> <div style="text-align: center; font-size: 1.2em;">97 OCT 22 AM 11:49</div> <div style="text-align: center; font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: center; font-size: 2em; font-weight: bold; transform: rotate(-5deg);">REINSTATEMENT <u>97</u></div>	
DOCUMENT # P93000065064 1. Corporation Name Atlantic Visions Corp.					
Principal Place of Business 2631 Barbara Drive Fort Lauderdale, Florida 33316		Mailing Address _____			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 2631 Barbara Drive Suite, Apt. #, etc. _____		3. New Mailing Address, If Applicable Suite, Apt. #, etc. _____		4. Date Incorporated or Qualified To Do Business in Florida September 17, 1993	
City & State Fort Lauderdale, FL		City & State _____		5. FEI Number 65-0454481	
Zip 33316	Country United States	Zip _____	Country _____	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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PST	Terry W. Dalton	2631 Barbara Drive	Fort Lauderdale, FL 33316		
			700002327837--0 -10/23/97--01050--008 ****750.00 ****750.00		
			<div style="text-align: right; font-size: 1.5em; transform: rotate(-15deg);"> 10-22-97 </div>		
8. Name and Address of Current Registered Agent Terry W. Dalton 2631 Barbara Drive Fort Lauderdale, Florida 33316			9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State FL Zip Code _____		
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 <u><i>Terry W. Dalton</i></u> REGISTERED AGENT MUST SIGN Date 10-17-97					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u><i>Terry W. Dalton</i></u>		Terry W. Dalton, President		954 4632343	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CFR2040 (12/95)