

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

98 FEB 13 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000071068**

1. Corporation Name  
**VISION OF AMERICA, INC.**

Principal Place of Business <b>790 N.W. 107TH AVE. SUITE 209 MIAMI FL 33172</b>	Mailing Address <b>790 N.W. 107TH AVE. SUITE 209 MIAMI FL 33172</b>
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**REINSTATEMENT 91-98**

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 <b>09/27/1994</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0525580</b>	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
<del>VP</del>	<del>URBINA, CARLOS A</del>	<del>790 N.W. 107TH AVE., SUITE 209</del>	<del>MIAMI FL 33172</del>
<del>VP</del>	<del>RUIZ, ROBERT</del>	<del>790 NW 107TH AVENUE, SUITE 209</del>	<del>MIAMI FL</del>
VP PS	KELLY, DANIEL M	11760 S.W. 102ND ST.	MIAMI FL 33186
VP	<del>XXXXXXXXXXXX</del>		000002434510--0 -02/18/98--01083--013 ***900.00 ***900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<b>CUMMINS, JEFFREY D ESQ.</b> <b>9555 N. KENDALL DR.</b> <b>SUITE 202</b> <b>MIAMI FL 33176</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>

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 *[Signature]* REGISTERED AGENT MUST SIGN Date \_\_\_\_\_

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *[Signature]* DANIEL M KELLY PRESIDENT 1/29/98 805-274-8607  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (8/97)