PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 NOV 21 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000078479**

1. Corporation Name

VISION VENTURES, INC.

Principal Place of Business	Mailing Address
265 SW PRT. ST. LUCIE BLVD. STE. 224 PORT ST. LUCIE FL 34984	265 SW PRT. ST. LUCIE BLVD. STE. 224 PORT ST. LUCIE FL 34984

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

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/24/1994

5. FEI Number: 59-3272904 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	KOCHAN, ROBERT	265 SW PRT. ST. LUCIE BLVD. STE.	PORT ST. LUCIE FL 34984

000002015300--3
-11/26/96-01167-013
****383.75 ****383.75

JBll-22-96

8. Name and Address of Current Registered Agent

LAMARR, BARBARA J
1777 SO. ANDREWS AVENUE STE. 203
FORT LAUDERDALE FL [illegible]

Barbara Diriezzo
2601 E Oakland Park Blvd 501
Fort Lauderdale FL 33306-1616

9. Name and Address of New Registered Agent

Name: LaMarr, Barbra J.
Street Address (P.O. Box Number is Not Acceptable): 2601 E. Oakland Park Blvd. #501
Suite, Apt. #, Etc.: 501
City: Ft. Lauderdale, State: FL Zip Code: 33306

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: Barbara LaMarr-Diriezzo
REGISTERED AGENT MUST SIGN
Date: 11/18/96

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: Robert A. Kochan President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-96 (770)447-5545
Date Daytime Phone #

CR2E031 (7/96)