PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 NOV -3 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000078479

1. Corporation Name
Vision Ventures, Inc.

2. Principal Office Address	3. Mailing Office Address
265 S.W. Port St. Lucie Blvd.	6855 Jimmy Carter Blvd.
Suite, Apt. #, etc.: 224	Suite, Apt. #, etc.: building 2150
City & State: Port St. Lucie, Florida	City & State: Norcross, GA.
Zip: 34984 Country: USA	Zip: 30071 Country: USA

REINSTATEMENT 00

4. Date Incorporated or Qualified To Do Business in Florida: 10.24.94

5. FEI Number: 59-3272904 ☐ 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: Robert C. Kochan

Street Address (P.O. Box Number is Not Acceptable): 2649 Lake Drive, Unit 8

300003463863--2
-01032-013
****750.00 ****750.00

Suite, Apt. #, Etc.:

City: Singer Island, State: FL Zip Code: 33404

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: X Robert C. Kochan
REGISTERED AGENT MUST SIGN

Date: 11-1-00

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
Pres	Robert C. Kochan	3039 W. Peachtree rd.	Atlanta, GA. 30341
V.P.	Scott Mizener	2649 lake dr. unit 8	Singer Isl. FL. 33404

LS

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 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: X Robert C. Kochan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10-31-00

Daytime Phone #: (770) 452-8248