## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FILFD FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 96 DEC | 1 PH 1:36 **DOCUMENT #** P95000024921 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name INTERNATIONAL VISION GROUP, INC. Principal Place of Business Mailing Address 13287 N.W. 5TH STREET 13287 N.W. 5TH STREET PLANTATION FL 33325 PLANTATION FL 33325 REINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicat Date Incorporated or Qualifled To Do Business in Florida C/W 03/27/1995 5. FEI Number Applied For 65-0571282 City & State Not Applicable Country **CERTIFICATE OF STATUS DESIRE** 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip D HIRSCH, SCOTT 13287 N.W. 5TH STREET PLANTATION FL 33325 4000020278 -12/12/96--01095--014 \*\*\*\*383.75 \*\*\*\*383.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent HIRSCH, SCOTT Street Address (P.O. Box Number is Not Acceptable) 13287 N.W. 5TH STREET PLANTATION FL 33325 Sulte, Apt. #, Etc. City State Zip Code

Signature of Registered Agent Pagent Must sign

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 inlangible 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 filling 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 eath.

above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

SIGNATURE:

NATURE AND TYPES OF STRIFFS MANE OF SIGNING OFFICES OF DEPENTION

(//22/9) (67) 968-8833 Date Daytime Phone &