

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 26 PM 4:40

DOCUMENT # **P95000037972**

1. Corporation Name

WORLD VISION BUSINESS CORPORATION

2. Principal Office Address
817 Swaying Palm Drive

3. Mailing Office Address
817 Swaying Palm Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Apopka, FL

City & State
Apopka, FL

Zip
32712-2463

Country
USA

Zip
32712-2463

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

May 12th, 1995

5. FEI Number **59-3315476**

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
Renato C Bruder

Street Address (P.O. Box Number is Not Acceptable)
817 Swaying Palm Drive

Suite, Apt. #, Etc.

City
Apopka

State
FL

Zip Code
32712-2463

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 **Renato C Bruder**

REGISTERED AGENT MUST SIGN

Date **December, 18th 2001**

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
P	Renato C Bruder	817 Swaying Palm Drive	Apopka, FL 32712-2463
V	Sandra V Bruder	817 Swaying Palm Drive	Apopka, FL 32712-2463
S	Renata V Bruder	817 Swaying Palm Drive	Apopka, FL 32712-2463

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 18th 2001

Date

407-492-9895

Daytime Phone #

CRZE081 (8/00)