

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

1-2

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

96 OCT -3 PM 3: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000038934**
1. Corporation Name
HOME VISION CORPORATION

Principal Place of Business Mailing Address
2333 BRICKELL AVE. SUITE 2512 MIAMI FL 33129



If above addresses are incorrect in any way, line through incorrect information and enter correction below.
2. New Principal Office Address, if Applicable
2333 Brickell Avenue
Suite, Apt. #, etc. # **2512**
City & State **Miami, Florida**
Zip **33129** Country **U.S.A.**

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **05/16/1995**
5. FEI Number **65-0582502** Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	MACDANIEL, JOHN M	2975 TWO SOUTH BISCAYNE BLVD	MIAMI FL 33131
P	GUTIERREZ, JULIO	2333 Brickell Avenue, # 2512	Miami, Florida 33129

8. Name and Address of Current Registered Agent
**MACDANIEL, JOHN M
ONE BISCAYNE TOWER, SUITE 2975
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131**

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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]* Date **10/1/96**
REGISTERED AGENT 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 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]* **Julio Gutierrez** Date **10/01/96** Daytime Phone # **305856-9947**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (7/96)

The Law Firm of
John M. MacDaniel, P.A.

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SUITE 2075
TWO S. BISCAYNE BLVD.
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VENEZUELA
Valencia, Blanco, Ponceles, Toro & Zozaya
Edificio Lex-Av. Libertador (El Rosal)
Apartado Postal No. 60407
Caracas-Venezuela

COLOMBIA
Obando-Cardenas
Calle 59 N. 8 - 30
Apartado Aereo 3000 Y 3001
Bogota-Colombia

October 01, 1996

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Home Vision Corporation

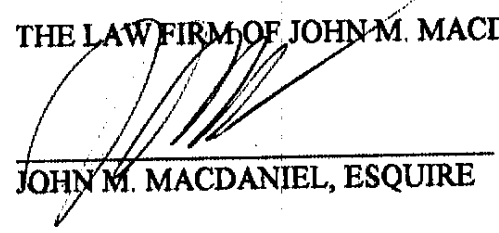
Dear Sir or Madam:

Please find enclosed the Application for Reinstatement reference the above corporation as well as a check in the amount of \$ 208.75 for filling fees and Certificate of Status, since letter from Department of State dated April 1996 was not received by Home Vision Corporation, resulting in Dissolution of Corporation..

Your assistance in this matter is greatly appreciated.

Very truly yours,

THE LAW FIRM OF JOHN M. MACDANIEL, P.A.



JOHN M. MACDANIEL, ESQUIRE