

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 98 FEB 13 PM 1:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA 300002432953--1 -02/17/98--01061--003 DO NOT WRITE IN THESE SPACES ***B.75
DOCUMENT # P95000038934(2) 1. Corporation Name Home Vision Corporation			
Principal Place of Business Mailing Address If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable 7951 SW 40th ST. Suite, Apt. #, etc. 206 City & State MIAMI FL Zip 33155 Country US	3. New Mailing Address, if Applicable 7951 SW 40th ST Suite, Apt. #, etc. 206 City & State MIAMI Zip Country US	4. Date Incorporated or Qualified To Do Business in Florida 5/16/95	5. FEI Number 65-0582502 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
1	2	3	4
	P JULIO CESAR BUTENECZ	7333 BRICKER AVE SUITE 2512	MIAMI FL 33129
			600002432916--5 -02/17/98--01061--005 ***\$00.00 ***\$00.00
		REINSTATEMENT	97-98 4 2-15-98
8. Name and Address of Current Registered Agent JOHN M M ALDANICK ONE BISLAYNE TOWER, SUITE TWO SOUTH BISLAYNE BLVD MIAMI FL 33131		9. Name and Address of New Registered Agent Name OSVALDO J DIAZ Street Address (P.O. Box Number is Not Acceptable) 7951 SW 40th STREET Suite, Apt. #, Etc. SUITE 206 City MIAMI State FL Zip Code 33155	
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 X [Signature] REGISTERED AGENT MUST SIGN Date 1/20/98			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 [Signature]** Date **1/20/98** Daytime Phone # **3052616251**