

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

192

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

06 JUL 18 PM 3:08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P95000038934

1. Corporation Name

HOME VISION CORPORATION

REINSTATEMENT 05-06 RSC

2. Principal Office Address 2333 BRICKELL AVENUE

3. Mailing Office Address 2333 BRICKELL AVENUE

Suite, Apt. #, etc. 2512

Suite, Apt. #, etc. 2512

City & State MIAMI FLORIDA

City & State MIAMI FLORIDA

Zip 33129

Country USA

Zip 33129

Country USA

4. Date Incorporated or Qualified To Do Business in Florida 05-16-95

5. FEL Number 65-0582502

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$675 Additional Fee required for a Certificate of Status

05-04-06 90248 038 \$150.00 CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name ERNESTO GONZALEZ, CPA, PA

Street Address (P.O. Box Number is Not Applicable) 2655 LE JUENE ROAD

Suite, Apt. #, Etc. PH-2B

City CORAL GABLES

State FL Zip Code 33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.

Signature of Registered Agent

[Handwritten Signature]

Date

6/22/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JULIO CEASAR GUTIERREZ	2333 BRICKELL AVENUE, SUITE 2512	MIAMI FLORIDA 33134

10007778981 07/20/06 01046 005 **150.00

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 817.0401, 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 contained in Chapter 119, 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-213-8498

Daytime Phone #

ATTACHMENT

500185-66

2072

ERNESTO GONZALEZ, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT

GABLES INTERNATIONAL PLAZA

2655 LE JEUNE ROAD, SUITE PH 2-B

CORAL GABLES, FLORIDA 33134-5627

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

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TELECOPIER (305) 446-8089
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April 27, 2006

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

RE: Home Vision Corporation
Document # P95000038934
EIN: 65-0582502
Form: Corporation Annual Report

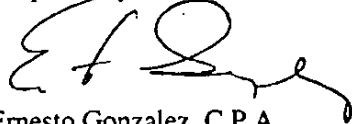
To Whom It May Concern:

The above-captioned Corporation mistakenly paid the *2005 For Profit Corporation Annual Report* to the Florida Department of Revenue instead to the Florida Department of State.

Per your instructions enclosed please find *2005 For Profit Corporation Annual Report* and a check payable to Florida Department of State in the amount of \$150.00, for the year 2005. Please abate all penalties.

Should you need any additional information, please do not hesitate to call me.

Respectfully,



Ernesto Gonzalez, C.P.A.
For The Firm

Enclosures Corporation Annual Report for 2005
A check in the amount of \$150
Copy of check # 2052

Cc: Home Vision Corporation