

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 13 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 7950000 46633

1. Corporation Name

Vision Communication Inc

2. Principal Office Address

6141 N. Canterbury Rd

Suite, Apt. #, Etc.

E

City & State

Merritt Island

Zip

FL

Country

USA

3. Mailing Office Address

P.O. Box 540572

Suite, Apt. #, etc.

City & State

Merritt Island FL

Zip

32953

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-15-95

5. FEI Number

59-3337-26

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

John R Coulson

Street Address (P.O. Box Number is Not Acceptable)

370 Raquette Ct

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32953

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

J.R. Coulson
J. R. COULSON
REGISTERED AGENT MUST SIGN

Date

4/17/02

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

President

Christine A Coulson

Vice President

John R Coulson

370 Raquette Ct

M.I. FL 32953

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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)(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:

J.R. Coulson
J. R. COULSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/02

Daytime Phone #

CR2E081 (9/01)