PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

97.98

FILED
98 APR -6 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000003694

1. Corporation Name

VISION CONSTRUCTION AND RESTORATION, INC.

Principal Place of Business	Mailing Address
20801 Biscayne Blvd. Suite 400 Aventura, FL 33180	20801 Biscayne Blvd. Suite 400 Aventura, Florida 33180

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2450 N.E. Miami Gardens Dr.	2450 N.E. Miami Gardens Dr.
Suite, Apt. #, etc.: Second Floor	Suite, Apt. #, etc.: Second Floor
City & State: North Miami Beach, FL	City & State: North Miami Beach, FL
Zip: 33180 Country: Miami-Dade	Zip: 33180 Country: Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida: January 8, 1996

5. FEI Number: 65-0639459 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
V/S/P	Bernard Kron	1043 N.E. 203rd Lane	North Miami Beach, FL 33179
			700002487097--7 -04/13/98--01132--009 ******8.75 ******8.75
			700002487097--7 -04/13/98--01132--010 ****315.00 ****315.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Bernard Kron 20801 Biscayne Boulevard Suite 400 Aventura, Florida 33180	Name: Bernard Kron Street Address (P.O. Box Number is Not Acceptable): 1043 N.E. 203rd Lane Suite, Apt. #, Etc.: City: North Miami Beach, State: FL Zip Code: 33179

CR2E040 (1/98)

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: Bernard Kron Date: 4/6/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Bernard Kron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number