

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  
**99/00 UBR**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -8 PM 2:45

DOCUMENT # **P96000029761**

1. Corporation Name

**THREE VISIONS DESIGN, INC.**

2. Principal Office Address

**3801 S. OCEAN DRIVE**

Suite, Apt. #, etc.

**#11-T**

City & State

**HOLLYWOOD, FL**

Zip

**33019**

Country

**BROWARD**

3. Mailing Office Address

**3801 S. OCEAN DRIVE**

Suite, Apt. #, etc.

**#11-T**

City & State

**HOLLYWOOD, FL**

Zip

**33019**

Country

**BROWARD**

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/96**

5. FEI Number

**#65-0650662**

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

**PAMELA CONSBRUCK**

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

**3801 South OCEAN DRIVE**

Suite, Apt. #, Etc.

**Suite #11-T**

City

**HOLLYWOOD**

State

**FL**

Zip Code

**33019**

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

**Pamela Consbruck**

REGISTERED AGENT MUST SIGN

Date **05/03/00**

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
<b>PRES.</b>	<b>PAMELA CONSBRUCK</b>	<b>3801 S. OCEAN DRIVE, #11-T</b>	<b>Hollywood, FL 33019</b>

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:

**PAMELA CONSBRUCK**  
**Pamela Consbruck**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/03/00**

Date

**(954) 455-9431**

Daytime Phone #

CR2E081 (9/99)

*May 4<sup>th</sup>, '2000*

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

*Attention Customer Service,*

*I am writing this letter as directed over the phone by your division. I found out at tax season this year, that my company had been accidentally dissolved last year due to the fact I had moved and did not receive my renewal notice from last year. I asked my accountant who also said he was not aware that my company had been dissolved. He gave me a phone number to call, and I did, and received this form in the mail. I was told to include a check for \$300.00 which would include last year as well as this year's renewal fees.*

*I also wanted to inquire about a corporation that is listed under my name that I knew nothing about called, "J.R. Kirk Enterprises". It has my old address as mailing address as well as my name as registered agent. Could you please send me any records or documents regarding this corporation. If you cannot help me, could you refer me to the right department? Your cooperation is greatly appreciated.*

*Thank you for your time,*

*Pamela S. Consbruck*  
*3801 South Ocean Drive  
Suite #11-T  
Hollywood, FL 33019  
(954) 455-9431  
email: threevisns@aol.com*