

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 18 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000072436

1. Corporation Name

Vision Ground Maintenance, Inc.

2. Principal Office Address

2402 Trout River Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 9293

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip 32208 Country U.S.

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Jacksonville, FL

Zip 32208 Country U.S.

REINSTATEMENT 97-03

100025558744

12/17/03-01037-022 **1658.75

4. Date incorporated or Qualified
To Do Business in Florida

Aug. 30, 1996

5. FEI Number

59-3443915

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 Johnny L. Fisher

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

2402 Trout River Blvd.

Suite, Apt. #, Etc.

City Jacksonville

State FL

Zip Code 32208

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

Johnny L. Fisher

REGISTERED AGENT MUST SIGN

Date Nov. 12, 2003

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
P/D	Johnny L. Fisher	1470 Bellesshore Circle	Jacksonville, FL 32218
V/D	Mary J. Fisher	1470 Bellesshore Circle	Jacksonville, FL 32218
S/D/M	Catrece L. Pickett	11789 Biscayne Blvd	Jacksonville, FL 32218

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:

Johnny L. Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 12, 2003

Date

Daytime Phone #

CR2E081 (10/02)