

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000105080			
1. Corporation Name VISION INFORMATION SYSTEMS, INC.			
Principal Place of Business P.O. BOX 5850 NAVARRE FL 32566		Mailing Address	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. BOX 5850	
City & State		City & State NAVARRE, FL	
Zip	Country	Zip	Country
		32566	
4. Date Incorporated or Qualified To Do Business in Florida		12/15/1997	
5. FEI Number		Applied For	
59-3486332		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres	WILLIAM J. BENCE	P.O. BOX 5089 8431 NAVARRE PARKWAY	NAVARRE, FL 32566
V.P.	KERRY FLEMING	1416 NAUTILUS DR.	NAVARRE, FL 32566
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
William J. Bence P.O. BOX 5089 8431 NAVARRE PARKWAY NAVARRE, FL 32566		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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 <u>WJ Bence</u> Date <u>February 15, 1999</u> REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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 name 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: <u>WJ Bence</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		WILLIAM J. BENCE 3/10/99 Date 850-939-3607 Daytime Phone #	

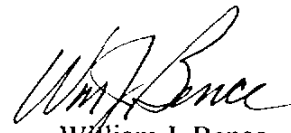
Vision Information Systems, Inc.
P.O. Box 5850
Navarre, FL 32566

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

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Through filing our state unemployment tax return it was determined that our corporation was administratively dissolved by the state of Florida.

Stacy at your office told us that the notices for 1998 and 1999 were returned to your office by the United States postal service and the fee to reinstate our corporation is \$300.00.


William J. Bence
President