

03-05Ru

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 AUG -4 PH 4:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000012607

**1. Corporation Name**  
Vision Associates, Inc.

**2. Principal Office Address**  
1415 E. 124th Ave.

Suite, Apt. #, etc.

**City & State**

Tampa, Florida

**Zip**

33612

**Country**

USA

**3. Mailing Office Address**  
1415 E. 124th Ave.

Suite, Apt. #, etc.

**City & State**

Tampa, Florida

**Zip**

33612

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** 2/6/1998

**5. FEI Number**  
59-3494512

**Applied For**  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ \$8.75 Additional Fee required for a Certificate of Status

7/20/05 01043 003-758.75

**7. Name and Address of Current Registered Agent**

**Name**  
Elsa Thomas

**Street Address (P.O. Box Number is Not Acceptable)**  
1415 E. 124th Ave.

Suite, Apt. #, Etc.

**City**  
Tampa

07/20/05--01027--003 \*\*35.00

900058300919  
08/23/05--01060--002 \*\*265.00

**State** **Zip Code**  
FL 33612

**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**

*Elsa Thomas*

**Date** 8/1/2005

REGISTERED AGENT MUST SIGN

**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	Ramani Thomas	1415 E. 124th Ave.	Tampa, FL 33612
V/D	Elsa Thomas	1415 E. 124th Ave.	Tampa, FL 33612

**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:** *Ramani Thomas* Ramani Thomas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date** 8/1/2005

**(813) 210-2974**  
Daytime Phone #

CR2E081 (01/05)