

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 SEP -8 AM 11:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000032043

1. Corporation Name

VISIONS ELECTRONICS, INC.

2. Principal Office Address

1942 JAPONICA RD

Suite, Apt. #, etc.

3. Mailing Office Address

1942 JAPONICA RD.

Suite, Apt. #, etc.

City & State

WINTER PARK FL

Zip

32792

Country

USA

City & State

WINTER PARK FL 32792

Zip

32792

Country

USA

REINSTATEMENT

2/19/09 90047 625 \$100.00

4. Date Incorporated or Qualified
To Do Business in Florida

4-7-98

5. FEI Number

59-3518985

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

JUAN C. GAVILANES

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

1942 JAPONICA RD

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32792

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

Juan P. Gavilanes

Date

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
PRES	JUAN C. GAVILANES	1942 JAPONICA RD	WINTER PARK, FL 32792
V.P.	BERNARDINO GAVILANES	3051 S. ATLANTIC AVE. 606	Daytona B. FL 32118
TRES.	LUIS M. GAVILANES	3787 MAPLE GROVE ST	Port Orange FL 32119
Sec.	KHARINA GAVILANES	1942 JAPONICA RD	WINTER PARK FL 32792

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 debts 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:

Juan P. Gavilanes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-00

Date

407-672-0211

Daytime Phone #