

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 19 PM 1:53

DOCUMENT # P98000076737

1. Corporation Name

Vision Investigations INCORPORATED

600181088646
05/19/10--01027--012 **450.00

KS

2. Principal Office Address - No P.O. Box #

4053 Peters Rd

Suite, Apt. #, etc.

3. Mailing Office Address

4053 Peters Rd

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33317

Country

Broward

City & State

Plantation, FL

Zip

33317

Country

Broward

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

August 31 1998

5. FEI Number

65-0866978

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

Joseph J. Kotrady

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

4053 Peters Rd

Suite, Apt. #, Etc.

City

Plantation, FL

State

FL

Zip Code

33317

☒ **PROFIT CORPORATIONS ONLY**
The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Joseph J. Kotrady

REGISTERED AGENT MUST SIGN

Date

5/14/10

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
<u>Pres</u>	<u>Joseph J. Kotrady</u>	<u>4053 Peters Rd</u>	<u>Plantation, FL 33317</u>

10. E-mail Address: Visionpriv@Aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Joseph J. Kotrady

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/10

Date

954-444-8251

Daytime Phone #