

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN -3 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000100275

1. Corporation Name

GOLD VISION CORPORATION

Principal Place of Business

Mailing Address

6039 COLLINS AVENUE
#1709
MIAMI BEACH FL 331406039 COLLINS AVENUE
#1709
MIAMI BEACH FL 33140

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10735 NW 58 Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

10735 NW 58 St
Suite, Apt. #, etc.

City & State

Miami

City & State

Miami

Zip

F1

Country

33178

Zip

F1

Country

33178

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1998

5. FEI Number

65-0877788

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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	4 City / State / Zip
PD	HERNANDEZ, AMALIA	6039 COLLINS AVENUE	MIAMI BEACH FL 33140
VD	BARRERA, JOSE U	6039 COLLINS AVENUE	MIAMI BEACH FL 33140
SD	GOLD, CLAUDIA V	10355 SW 165TH AVENUE	MIAMI FL 33196
			200003095492--7 -01/12/00--01013--016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERNANDEZ, AMALIA
6039 COLLINS AVENUE
#1709
MIAMI BEACH FL 33140

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

X

HERNANDEZ

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/10/99

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 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/99
Date(305) 594-3405
Daytime Phone #

KE