

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
John H. Harland
Secretary of State
DIVISION OF CORPORATION

FILED

01 MAY 11 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000108357

1. Corporation Name

VISION COMPUTERS & Technologies, Inc.

2. Principal Office Address

635 S.E. 21st Place

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL 34475

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3548727

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

Thomas W. Cleveland

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

635 S.E. 21st Place

Suite, Apt. #, Etc.

City

Ocala

State
FL

Zip Code
34475

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

Thomas W. Cleveland
REGISTERED AGENT MUST SIGN

Date

4/30/01

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
D	Thomas W. Cleveland	635 S.E. 21st Place	Ocala, FL 34475
D	Ronna K. Cleveland	635 S.E. 21st Place	Ocala, FL 34475

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:

Thomas W. Cleveland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/01

Daytime Phone #

CR2001 (2/00)