

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 13 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000003629

1. Corporation Name

NEW VISION ONLINE, INC.

Principal Place of Business

Mailing Address

8801 EMERSON AVE.
SURFSIDE FL 33154

8801 EMERSON AVE.
SURFSIDE FL 33154



REINSTATEMENT 2000

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/11/1999	
City & State		City & State		5. FEI Number	
Zip		Country		L50901391	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
P.	MARGUERITE MATSUMOTO	8801 EMERSON AVE SURFSIDE, FL 33154	SURFSIDE, FL 33154
			900003496309--1 -12/12/00--01012--024 ****758.75 ****758.75 LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATSUMOTO, MARGUERITE 35 D VENETIAN WAY #104 MIAMI BEACH FL 33139		Name MARGUERITE MATSUMOTO Street Address (P.O. Box Number is Not Acceptable) 8801 EMERSON AVE Suite, Apt. #, Etc. City SURFSIDE State FL Zip Code 33154	
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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 Marguerite Matsumoto Date 11/8/00
REGISTERED AGENT MUST SIGN

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

SIGNATURE: Marguerite Matsumoto 11/8/00 305/866-7709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)