

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 DEC 14 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000058737**

1. Corporation Name

VISION MEDIA GROUP OF AMERICA, INCORPORATED

Principal Place of Business

~~2337 BRAEBURN CIRCLE
TALLAHASSEE FL 32308~~

Mailing Address

~~2337 BRAEBURN CIRCLE
TALLAHASSEE FL 32308~~

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

Suite, Apt. #, etc.
1116-D Thomasville Rd

City & State
Tallahassee, FL

Zip
32303

Country
USA

Suite, Apt. #, etc.
1116-D Thomasville Rd

City & State
Tallahassee FL

Zip
32303

Country
USA



REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1999

5. FEI Number

59-3610656

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	William H. Lickson	2337 Braeburn Circle	Tallahassee, FL 32308
			200003575382--9 -01/25/01--01103--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

LICKSON, WILLIAM H
2337 BRAEBURN CIRCLE
TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

Date **12/9/00**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/9/00 222-0409

Daytime Phone #