

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S03670 1. Entity Name VISION INDUSTRY PRODUCTS, INC.						FILED 07 MAR 23 AM 10:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 10605 NW 37 TERRACE MIAMI, FL 33178 US				Mailing Address 10605 NW 37 TERRACE MIAMI, FL 33178 US			
2. Principal Place of Business - No P.O. Box # 8564 NW 64 ST				3. Mailing Address 8564 NW 64 ST			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State MIAMI, FL				City & State MIAMI, FL			
Zip 33166		Country		Zip 33166		Country	
4. FEI Number 65-0218329				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROTH, LEON 13701 S W 12TH ST. SUFFOLK BUILDING #A PEMBROKE PINES, FL 33027				7. Name and Address of New Registered Agent Name ENGLE, AL Street Address (P.O. Box Number is Not Acceptable) 11340 SW 156 AVENUE City MIAMI, FL Zip Code 33196			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <i>AL Engle</i> AL ENGLE				DATE 3-21-07			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. <input checked="" type="checkbox"/>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROTH, LEON 13701 SW 12TH ST. PEMBROKE PINES, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500095822845 04/05/07--01010--019 ***300.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P - ST PLAZA, JULIAN E 4101 PINE TREE DR 1715 MIAMI BEACH, FL 33140			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D.S. C ENGLE, AL 11340 S W 156 AVE MIAMI, FL 33196			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ST C		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete ST DUQUE, GLORIA R 10605 NW 37 TERRACE MIAMI, FL 33178			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 873/29			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.							
SIGNATURE: <i>AL Engle</i> AL ENGLE				Date 3-21-07 Daytime Phone # 800-875-4432			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			