

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
 Not Applicable

5. Certificate of Status Desired

\$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

AL ENGLE AL ENGLE

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. ✓

10. OFFICERS AND DIRECTORS

TITLE V Delete
NAME ROTH, LEON
STREET ADDRESS 13701 SW 12TH ST.
CITY-ST-ZIP PEMBROKE PINES, FL

TITLE P - ST Delete
NAME PLAZA, JULIAN E
STREET ADDRESS 4101 PINE TREE DR 1715
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE *DSC* Delete
NAME ENGLE, AL
STREET ADDRESS 11340 S W 156 AVE
CITY-ST-ZIP MIAMI, FL 33196

TITLE ST Delete
NAME DUQUE, GLORIA R
STREET ADDRESS 10605 NW 37 TERRACE
CITY-ST-ZIP MIAMI, FL 33178

TITLE Delete
NAME *RS/29*
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME 500095822845
STREET ADDRESS 04/05/07--01010--019 ***300.00
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *STC* Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

AL ENGLE AL ENGLE

3-21-07

800-875-4432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #