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

REINSTATEMENT 06-07

Principal Place of Business	Mailing Address
10605 NW 37 TERRACE MIAMI, FL 33178 US	10605 NW 37 TERRACE MIAMI, FL 33178 US

2. Principal Place of Business - No P.O. Box #.	3. Mailing Address
8564 NW 64 ST	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 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			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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500095822945 04/05/07--01010--019 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P - ST PLAZA, JULIAN E 4101 PINE TREE DR 1715 MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P S C ENGLE, AL 11340 S W 156 AVE MIAMI, FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S F C ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DUQUE, GLORIA R 10605 NW 37 TERRACE MIAMI, FL 33178	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3/29	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: AL ENGLE 3.21.07 800-875-4432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #