

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 NOV 19 PM 1:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **S61003**

1. Corporation Name

VISION LININGS INCORPORATED

Principal Place of Business

Mailing Address

5663 SW QUAIL HOLLOW ST
 PALM CITY FL 34990
 US

P. O. BOX 1227
 STUART FL 34995



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. | | 06/20/1991 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 65-0278183 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input 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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| PS | PFEIFFER, BRIAN | 5663 SW QUAIL HOLLOW ST | PALM CITY FL |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 98

B. 11/23/98

800002697948--6
~~11/30/95-01116-023~~
 ***750.00 ***750.00

| | | | | | |
|--|--|--|--|-------|----------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | | | |
| PFEIFFER, BRIAN 5663 SW QUAIL HOLLOW ST PALM CITY FL 34990 | | Name | | | |
| | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | Suite, Apt. #, Etc. | | | |
| | | City | | State | Zip Code |
| | | FL | | | |

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 B. Pfeiffer **REQUIRED** Date 11/17/98
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 Date 11/17/98 Daytime Phone # 561-285-9081
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)