

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 DEC 11 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V50277

1. Corporation Name  
Vision(s) of Brevard, Inc.

REINSTATEMENT 96-98

Principal Place of Business Mailing Address  
1613 South Wickham Rd. Same  
West Melbourne, FL 32904

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.		7/13/92	
City & State		City & State		5. FEI Number	
Zip		Country		59-3130033	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> 58.75 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
D/T/s	Ranzino, Bonnie B.	1613 S. Wickham Rd.	W. Melbourne, FL 32904
D/P	Ranzino, Marion David	1613 S. Wickham Rd.	W. Melbourne, FL 32904
			400002718904--8 -12/22/98--01051--017 ***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

Ranzino, Bonnie Buckingham  
1613 S. Wickham Rd.  
West Melbourne, FL 32904

9. Name and Address of New Registered Agent

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 Bonnie Buckingham Ranzino Date 11/1/98  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARION DAVID RANZINO

11/1/98 407 726-6353  
Date Daytime Phone #

CR2E04 (1/98)