

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 26 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # V55238

1. Corporation Name

Vision Industries Inc.

2. Principal Office Address

8580 S.W. 21st Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1792

Suite, Apt. #, etc.

City & State

~~Ft. Lauderdale, FL~~

City & State

~~Klamath Falls, OR~~

Zip

33324

Country

USA

Zip

97601

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

7.31.92

5. FEI Number

65-0353907

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANN TEMPLE

Street Address (P.O. Box Number is Not Acceptable)

8580 SW 21st CT.

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Ann Temple

Date

1/29/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Michael Saiber	8580 S.W. 21st Ct	Ft. Lauderdale, FL 33324
VPS	Tamera Campbell	8580 S.W. 21st Ct.	Ft. Lauderdale, FL 33324

10. 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:

Tamera Campbell

TAMERA CAMPBELL

Date

1/29/02

Daytime Phone #

724-294-0099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

January 26, 2002

BREVARD SWIMMING ASSOCIATION BOOSTERS INC.
P O BOX 236444
COCOA, FL 32923-6444

Subject: **BREVARD SWIMMING ASSOCIATION BOOSTERS INC.**

Reference Number: **N99000006878**

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

check enclosed.

The fee to ~~file~~ the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee. ✓

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/da
ANNUAL REPORTS SECTION