PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

09

DOCUMENT # V63478

Own Vision Corporation

Mailing Address
1810 2nd Ave
1 RN
New York N.Y 10128

REINSTATEMENT 94-99

If any of the above information is incorrect in any way, line through incorrect information and enter correction below

2. New Mailing Office Address, If Applicable
1810 2nd Ave
Suite, Apt. #, etc.
1 RN
City & State
New York N.Y 10128
Zip
10128
Country

4. Date Incorporated or Qualified To Do Business in Florida
9/14/92

5. FEI Number
65-0433389

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐
$8.75 Additional Fee required for a Certificate of Status

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

Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1 P/D KERRY GARRETT	3 1810 2nd Av	4 New York NY 10128

600002994296--2
-09/22/99--01098--018
***1500.00 ***1500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
CorpDirect Agents
Street Address (P.O. Box Number is Not Acceptable)
103 N. Meridian Street, Lower Level
Suite, Apt. #, Etc.
City
Tallahassee
State FL
Zip Code 32301

CR2E045 (12-96)

To the best of my knowledge, I am the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Cynthia A Hicks
Its Agent: Cynthia A. Hicks
REGISTERED AGENT MUST SIGN

Date 9/9/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

To the best of my knowledge, I am the 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 document 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 due 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: Kerry Garrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/99
Date

212 427-8299
Daytime Phone #