FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 2007 NOV 30 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT
CR2E081 (1/07)

DOCUMENT # P04000071979

1. Corporation Name

Visioneering Corporation

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
285 Chason Wood Way	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Roswell, GA	City & State
Zip: 30076 / County: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05-03-2004

5. FEI Number: 20-1347970 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Connie Bryan CONNIE BRYAN Date:
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
DIR/PRES	Joseph K. DeLapp	285 Chason Wood Way	Roswell GA 30076
DIR	DR. RICHARD A GRIFFIN	409 SW 129 TERRACE	Newberry, FL 32669
DIR	CHRISTI VAN HEEK	10 Gregory St.	Marblehead, MA 01945

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 contained in Chapter 119, 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] 11/28/07 678-665-1448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 1/21/07 CT System Online

Florida Department of State

Division of Corporations

Public Access System

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CORPORATION REINSTATEMENT

VISIONEERING CORPORATION

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