

2019 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000036391

Entity Name: VISIONARY II INC**Current Principal Place of Business:**4905 EASTLAKE VISTA DRIVE
SAINT CLOUD, FL 34771**Current Mailing Address:**4905 EASTLAKE VISTA DRIVE
SAINT CLOUD, FL 34771 US**FEI Number:** 20-4456585**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POLONCAK, JAMES M
4905 EASTLAKE VISTA DRIVE
SAINT CLOUD, FL 34771 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JAMES POLONCAK

10/03/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	POLONCAK, JAMES M
Address	4905 EASTLAKE VISTA DRIVE
City-State-Zip:	SAINT CLOUD FL 34771

Title	VP
Name	POLONCAK, CARL P
Address	11299 CRESSWELL LANDING
City-State-Zip:	LORTON VA 22079

Title	SECT
Name	POLONCAK, MICHAEL JIII
Address	6624 BURNINGWOOD DR BLDG 34 APT 268
City-State-Zip:	BOCA RATON FL 33433

Title	TRES
Name	WYRICK, SARAH
Address	901 SEDALIA ST
City-State-Zip:	CEDER PARK TX 78613

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES POLONCAK

PRES

10/03/2019

Electronic Signature of Signing Officer/Director Detail

Date