

2016 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P14000020823

Entity Name: VISUAL REAL ESTATE, INC.**Current Principal Place of Business:**4544 SWILCAN BRIDGE LANE N
JACKSONVILLE, FL 32224**Current Mailing Address:**10752 DEERWOOD PARK BLVD., SUITE 100
JACKSONVILLE, FL 32256**FEI Number:** 47-2529406**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEADOW, WILLIAM D
1655 PALM BEACH LAKES BOULEVARD
SUITE 1200
JACKSONVILLE, FL 33401 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:** /WILLIAM D MEADOW/**09/30/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MEADOW, WILLIAM D
Address	4544 SWILCAN BRIDGE LANE N
City-State-Zip:	JACKSONVILLE FL 32224

Title	SECRETARY
Name	MEADOW, WILLIAM D
Address	4544 SWILCAN BRIDGE LANE N
City-State-Zip:	JACKSONVILLE FL 32224

Title	TREASURER
Name	RALPH, SHEA
Address	4544 SWILCAN BRIDGE LANE N
City-State-Zip:	JACKSONVILLE FL 32224

Title	DIRECTOR
Name	MEADOW, WILLIAM D
Address	4544 SWILCAN BRIDGE LANE N
City-State-Zip:	JACKSONVILLE FL 32224

Title	DIRECTOR
Name	RALPH, SHEA
Address	4544 SWILCAN BRIDGE LANE N
City-State-Zip:	JACKSONVILLE FL 32224

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: WILLIAM D MEADOW**PRESIDENT****09/30/2016**

Electronic Signature of Signing Officer/Director Detail

Date