

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN 20 PM 3:58

DOCUMENT # 293080

1. Corporation Name

VISUAL COMMUNICATIONS, INC.

2. Principal Office Address

9292 SE DUNCAN ST

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

HOBE SOUND, FL

City & State

Zip

Country

33455

MARTIN

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-19-1965

5. FEI Number

591206904

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02-05

7. Name and Address of Current Registered Agent

Name

ROSEMARIE B. FOGARTY

700056349627

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

9292 SE DUNCAN ST

06/20/05--01060--004 **1200.00

Suite, Apt. #, Etc.

700056349627

06/20/05--01060--005 **875

City

HOBE SOUND

State

FL

Zip Code

33455

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

Rosemarie B. Fogarty

REGISTERED AGENT MUST SIGN

Date 5-28-5

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
SECRETARY	ROSEMARIE B. FOGARTY	9292 SE DUNCAN ST	HOBE SOUND FL 33455
DIR	DANICA FOGARTY	6380 Conejo Trail, Unit 102	ORLANDO, FL 32835
DIR	JAMES A. FOGARTY	1590 NE 35 ST	OAKLAND PARK, FL 33334

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)(f), 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:

Rosemarie B. Fogarty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-28-5

Daytime Phone #

772-5464645
772-349-6171

CR2E081 (01/04)