

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

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16 JAN -8 4 11:43
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
VISUAL AWARENESS RESEARCH GROUP, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F09000000844

1. Corporation Name

Visual Awareness Research Group, Inc.

2. Principal Office Address - No P.O. Box #

25161 Harborside Blvd.

Suite, Apt. #, etc.

City & State

Punta Gorda

Zip

33955

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

FL

Zip

Country

CR2E061 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
February 23, 2009

5. FEI Number

36-4319791

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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

Broward County

State

FL

Zip Code

33324

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

REGISTERED AGENT MUST SIGN

Date 1/8/2015

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
Pres.	Kristina K. Berg	25161 Harborside Blvd.	Punta Gorda, FL 33955
Dir.	Karlene K. Ball	501 Bayhill Ridge Circle	Hoover, AL 35244
Dir.	Daniel Roenker	677 Rolling Creek Lane	Lexington, KY 40515
Dir.	David L. Benz V	779 Crider Rd.	Maylene, AL 35114
REINSTATEMENT			S. HAWKES
2015-2016			JAN 8 A.M.

10. E-mail Address: kberg@visualawareness.com

(To be used for future annual report notification)

EXAMINER

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to a document to the Department of State constitutes a third degree felony as provided for in s. 617.155, F.S.

SIGNATURE:

Kristina K. Berg - Kristina K. Berg, Pres. & Dir. 12/31/2015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-505-2500