

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -4 PM 5:07

DOCUMENT # F97000002465

1. Corporation Name

VISARA, INC.

Principal Place of Business

2917 HIGHWOODS BLVD
STE 100
RALEIGH NC 27604
US

Mailing Address

2917 HIGHWOODS BLVD
STE 100
RALEIGH NC 27604
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

56-1977470

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	MATTHEWS, JAMES F	320 N. JENSEN ROAD	VESTAL NY 13850
V	MATTHEWS, JAMES T	2917 HIGHWOODS BLVD STE 100	RALEIGH NC 27604
S	DAVIS, LAWRENCE E	320 N. JENSEN ROAD	VESTAL NY 13850
T	PARRISH, PHILLIP E	2917 HIGHWOODS BLVD STE 100	RALEIGH NC 27604
			400003500384--3 -12/13/00--01101--014 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHUMNEY, JAY
2805 E. OAKLAND PARK BLVD.
SUITE 279
FT. LAUDERDALE FL 33308

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 11-28-00

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., 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)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip E. Parrish, Treas. 11/20/00 919-279-6000

Date

Daytime Phone #

AD