

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -4 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000005099**

1. Corporation Name

THE VISUAL IMAGE, INC.

Principal Place of Business

100 E BOCKMAN WAY
SPARTA TN 38583

Mailing Address

100 E BOCKMAN WAY
SPARTA TN 38583

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/1997

5. FEI Number

62-1569679

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCD	HOLMAN, PAUL	100 E BOCKMAN WAY	SPARTA TN 38583
VSVC	HOLMAN, DONALD	100 E BOCKMAN WAY	SPARTA TN 38583

8. Name and Address of Current Registered Agent

FITZGERALD, JANET
7017 ARQUES ROAD
JACKSONVILLE FL 32205

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Janet Fitzgerald Wheeler
REGISTERED AGENT MUST SIGN

Date

11/25/02

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:

Janet Fitzgerald Wheeler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/25/02 (931)
83e-280
Daytime Phone #

CR2E040 (8/02)

November 4, 2002

The Visual Image, Inc.
100 East Bockman Way
Sparta, TN 38583

Florida Department of State
Jim Smith
Secretary of State
Division of Corporations


RE: The Visual Image, Inc. – FEI# 62-1569679

Dear Mr. Smith,

Enclosed is a completed application for reinstatement and the uniform business report filing fee of \$150.00 for The Visual Image, Inc. Because we did not receive any prior uniform business report notices, we would like to request that the \$600.00 reinstatement fee be waived.

Thank you in advance for your attention in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Donald Holman", with a stylized flourish at the end.

Donald Holman
Vice President

Enclosures

ENCLOSURE