

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRET  
DIVISION OF CORPORATIONS

10 JAN 11 PM 12:23

DOCUMENT # N01000000203

1. Corporation Name

Visionaries, Incorporated

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

606 N. Main Street

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32601

Country

U.S.

3. Mailing Office Address

4248 NW 36th St

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32605

Country

U.S.

000165759950  
01/11/10--01057--011 \*\*193.00  
CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

1/1/2001

5. FEI Number  
59-3722256

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

Jesse B. Brown

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

4248 NW 36th Street

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32605

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Jesse B. Brown

REGISTERED AGENT MUST SIGN

Date 12/22/09

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
D	Jesse B. Brown	4248 NW. 36th Street	Gainesville, FL 32605
D	Tywanna Rutledge	3132 NW 18th St	Gainesville, FL 32605
D	TOMMY ALEXANDER	1059 S.E. 37th St	MELROSE FL 32666

10. E-mail Address: Jess1955@bellsouth.net

(To be used for future annual report notification)

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. 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.

SIGNATURE:

JESSE B. BROWN Jesse B. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/09 352-271-5130

Date

Daytime Phone #