

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 12 PM 1:26

DOCUMENT # N05000009181

1. Corporation Name

VISLAW INCORPORATED

REINSTATEMENT 06-08
B 8/12/08
700129037807
05/12/08--01030--005 **192.50

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

3089 NW 123RD TERR

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 552419

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

CAROL CITY, FL

Zip

33323

Country

US

Zip

33055

Country

US

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/2005

5. FEI Number

☒

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

SONIA MITCHELL

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

3089 NW 123RD TERR

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33323



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

REGISTERED AGENT MUST SIGN

Date 04/14/2008

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
DP	SONIA MITCHELL	3089 NW 123RD TERR	SUNRISE, FL 33323
DV	RANDI SANDS	3089 NW 123RD TERR	SUNRISE, FL 33323
DS	BAMBI ANDERSON	7928 WEST DR. APT. 407	NORTH BAY VILLAGE, FL 33141
DT	CHAD ZURKO	6558 SW 41 CT	DAVIE, FL 33314
DV	ALBERT BURKETTS	710 TIEBRCEL WAY - WATERFALL	SAINT CATHRINE JAMAICA WI
DS	CECCILIA MITCHELL	10 JULIAN DR. - KINGSTON 13	KINGSTON 13, JAMAICA WI

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 contained in Chapter 119, 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:

SONIA MITCHELL

04/14/2008

561-716-5636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #