2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000003015

City-St-Zip:

HOLLYWOOD, FL 33020

FILED Sep 04, 2006 Secretary of State

Entity Na	me: VIS-U-W	AL INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
181 W. HIGHBANKS ROAD DEBARY, FL 32713			8387 ADELE ROAD LAKELAND, FL 33810		
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
	GHBANKS RC FL 32713	PAD	8387 ADELE ROAD LAKELAND, FL 33810		
FEI Number	: 59-3697708	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1203 GOV SUITE 101	ERNORS SQI				
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	I office or registered agent, or both,	
SIGNATU	RE: BUSINES	SS FILINGS INCORPORATED			
	Electro	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (KYNARD, MAT 4 ROCKY RIDO ORMOND BEA	GE TRAIL	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (KYNARD, THO 229 DAVIS LAI PALATKA, FL	(E ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	D (STONE, THOM 1451 JEFFERS		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MATTHEW JON KYNARD 09/04/2006 D