

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

04 APR 14 PM 12:24

DOCUMENT # P01 0000 976 98

1. Corporation Name

VISIT USA Communities, Inc.

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 554

VILONIA ARKANSAS

72173

USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

OCT 5th 2001

5. FEI Number

582660614

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

BRENDA HAMILTON

(SAME) AS BEFORE

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

2 LECAMINO REAL

400034376504

Suite, Apt. #, Etc.

202

04/28/04--01014--008 **30.75

City

BOCA RATON

State

FL

Zip Code

33432

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

Date

REGISTERED AGENT MUST SIGN

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
<u>P/D</u>	<u>JAMES C. HACKLER</u>	<u>#24 LOCUST QUITMAN ARKANSAS</u>	<u>72131</u>
<u>V/D</u>	<u>KEN BRYANT</u>	<u>234 EAST "B" AVENUE</u>	<u>NORTH LITTLE ROCK 72116</u>
<u>CT/D</u>	<u>RAY THOMAS</u>	<u>6900 CANTRELL APT A4</u>	<u>LITTLE ROCK AR 72207</u>
<u>S/D</u>	<u>PHIL SHARPS</u>	<u>2 EAST MELLWOOD Rd.</u>	<u>LITTLE ROCK AR 72204</u>

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C. HACKLER

PRESIDENT

Date

Daytime Phone #

4-13-04 501-472-6243

CR2E081 (01/04)

Sharps, Phillip

From: hackler [hackler@alltel.net]
Sent: Tuesday, April 13, 2004 13:50
To: Sharps, Phillip
Subject: James C

James C. Hackler
President
Visit USA Communities, Inc
April 12th 2004

Secretary of State
Division of Corporations
409 East Gains Street
Tallahassee FL 32399
Personal and Confidential
Eula Peterson

Please waive the \$600.00 fee for Reinstatement, we did not receive our notice. I called on Monday the 12th of April 12, 2004 and talked with Eula Peterson. She told me the noticed was returned to your office. You will find a check in the amount of \$308.75 this includes payment for a Certificate of Status. Thank you for your consideration in this matter.

James C. Hackler
President Visit USA Communities, Inc

 PRESIDENT

P.S. WE DID NOT RECEIVE 2003 forms