

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P01000097698**

1. Entity Name  
VISIT USA COMMUNITIES, INC.



FILED

2005 OCT 19 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10112005 REIN-P CR2E098 (6/04)

Principal Place of Business  
PO BOX 554  
VILONIA, AK 72173

Mailing Address  
PO BOX 554  
VILONIA, AK 72173

2. Principal Place of Business  
521 CENTER

3. Mailing Address  
521 CENTER

Suite, Apt. #, etc.

City & State  
LITTLE ROCK ARK

City & State  
LITTLE ROCK ARK

Zip  
72201

Country

4. FEI Number  
58-2660614

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HAMILTON, BRENDA  
2 E. CAMINO REAL  
#202  
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 10/11/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HACKLER, JAMES C #24 LOCUST QUITMAN, AR 72131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HACKLER, JAMES C #24 LOCUST QUITMAN, AR 72131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRYANT, KEN 234 EAST "B" AVENUE NORTH LITTLE ROCK, AR 72116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FRYE, RALPH 3019 BRECKENRIDGE LITTLE ROCK AR 72227 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTOD THOMAS, RAY 6900 CANTRELL, APT. A4 LITTLE ROCK, AR 72207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDO GRADY, BARBARA 69 WHISPERING WIND VILONIA AR 72173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHARPS, PHIL 2 EAST MELLWOOD RD. LITTLE ROCK, AR 72204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    300060782623 10/19/05--01068--016 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] JAMES C. HACKLER CEO 10/11/05 (SD) 472-6243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/05