

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 13 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000015235

1. Corporation Name

VISUAL EVIDENCE PLUS! INC

2. Principal Office Address

120 NORTH M STREET

3. Mailing Office Address

120 NORTH M STREET

Suite, Apt. #, etc.

SUITE E

Suite, Apt. #, etc.

SUITE E

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

Zip

33460

Country

USA

Zip

33460

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2002

5. FEL Number

030384567

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

LOPEZ, JORGE E

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

120 NORTH M STREET

Suite, Apt. #, etc.

SUITE E

City

LAKE WORTH

State

FL

Zip Code

33460

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

Jorge Lopez

Date **10-26-06**

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
D	LOPEZ, JORGE E	120 NORTH M STREET SUITE E	LAKE WORTH, FL 33460

400081416954
11/01/06--01013--012 **450.00

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:

Jorge Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-06

Date

Daytime Phone #

(561) 3740300

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VISUAL EVIDENCE PLUS! INC

~ARCHITECTURAL STONE WORKS~

120 NORTH "M" STREET SUITE E LAKE WORTH, FLORIDA 33460

October 26, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DOCUMENT # P02000015235

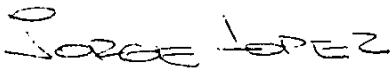
To Whom It May Concern:

Please accept this letter stating that the corporation Visual Evidence Plus! Inc. did not receive the Annual Report notices in the year of dissolution/revocation for 2004.

Please consider waiving the reinstatement fee. It would be greatly appreciative.

I am including with this letter payment for the Annual Report Fee for 3 years \$ 183.75 and Corporate Supplemental Fee for \$ 266.25, totaling \$ 450.00.

Sincerely,



Jorge Lopez
Registered Agent

Mobile (561) 374-0300 . Office (561) 374-0400 . Fax (561) 693-4890
E-mail: jkokolopez@hotmail.com