## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000062262

Name:

Address:

City-St-Zip:

Entity Name: VISIONARY HOLDINGS, INC.

FILED Jan 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 820 ALBEE RD. SUITE 7 NOKOMIS, FL 34275 **New Mailing Address: Current Mailing Address:** 820 ALBEE RD. SUITE 7 NOKOMIS, FL 34275 US FEI Number: 20-2746637 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHAMBERLAIN, LOGAN 820 ALBEE RD NOKOMIS, FL 34275 US 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. SIGNATURE: LOGAN CHAMBERLAIN Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition CHAMBERLAIN, LOGAN II Name: Name: 820 ALBEE RD Address: Address: City-St-Zip: NOKOMIS, FL 34275 US City-St-Zip: Title: VΡ Title: (X) Change ( ) Addition () Delete Name: GIBA, BRENDA Name: CHAMBERLAIN, SUSAN 820 ALBEE RD 820 ALBEE RD Address: Address: NOKOMIS, FL 34275 NOKOMIS, FL 34275 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: ( ) Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

CHAMBERLAIN, LOGAN III

820 ALBEE RD

NOKOMIS, FL 34275

Ρ SIGNATURE: LOGAN CHAMBERLAIN 01/15/2009