

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000095410

Entity Name: VIZUAL SOLUTIONS, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

9422 SW SR 121  
LAKE BUTLER, FL 32054 US

## New Principal Place of Business:

5035 SW 143RD STREET  
STARKE, FL 32091 US

## Current Mailing Address:

6306 BLANDING AVE.  
STARKE, FL 32091 US

## New Mailing Address:

5035 SW 143RD STREET  
STARKE, FL 32091 US

FEI Number: 26-0836985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HENDRICKS, STEPHEN J  
6306 BLANDING AVE.  
STARKE, FL 32091 US

## Name and Address of New Registered Agent:

HENDRICKS, STEPHEN J  
5035 SW 143RD STREET  
STARKE, FL 32091 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: STEPHEN HENDRICKS

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: HENDRICKS, STEPHEN J  
Address: 6306 BLANDING AVE.  
City-St-Zip: STARKE, FL 32091 US

Title: S/T ( ) Delete  
Name: CHRISTMAS, STEPHANIE H  
Address: 9422 SW SR 121  
City-St-Zip: LAKE BUTLER, FL 32054 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: HENDRICKS, STEPHEN J  
Address: 5035 SW 143RD STREET  
City-St-Zip: STARKE, FL 32091 US

Title: S/T (X) Change ( ) Addition  
Name: CHRISTMAS, STEPHANIE H  
Address: 5035 SW 143RD STREET  
City-St-Zip: STARKE, FL 32091 US

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.

SIGNATURE: STEPHANIE CHRISTMAS

ST

04/30/2009

Electronic Signature of Signing Officer or Director

Date