

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000092438

**Entity Name:** VISCOMI ENTERPRISES, INC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1001 ALABAMA AVE  
HOLLY HILL, FL 32117

**New Principal Place of Business:**

27 S. ORCHARD ST  
SUITE B  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

PO BOX 730788  
ORMOND BEACH, FL 32173

**New Mailing Address:**

**FEI Number:** 27-1277793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VISCOMI, PAUL V  
1001 ALABAMA AVE  
HOLLY HILL, FL 32117 US

**Name and Address of New Registered Agent:**

VISCOMI, PAUL V  
27 S. ORCHARD ST,  
SUITE B  
ORMOND BEACH, FL 32174 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: PAUL VISCOMI

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: VISCOMI, PAUL V  
Address: PO BOX 730788  
City-St-Zip: ORMOND BEACH, FL 32173

Title: VPD  
Name: VISCOMI, SANDRA K  
Address: PO BOX 730788  
City-St-Zip: ORMOND BEACH, FL 32173

I hereby 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 all other like empowered.

SIGNATURE: PAUL VISCOMI

P

04/29/2011

Electronic Signature of Signing Officer or Director

Date