

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 23 PM 5:00

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-11/07/00--01074--018

\*\*\*\*758.75 \*\*\*\*758.75



REINSTATEMENT 00

DOCUMENT# P95000078060

1. Corporation Name

VISUALCOM INC.

Principal Place of Business

Mailing Address

1001 BRICKELL BAY DR.  
SUITE 1520  
MIAMI FL 33131  
US

1001 BRICKELL BAY DR.  
SUITE 1520  
MIAMI FL 33131  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/09/1995

5. FEI Number

65-0724078

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>PD</del> P/D/C	VANYI-ROBIN, ANDRE L	<del>1001 BRICKELL BAY DR., SUITE 1520</del> 520 BRICKELL KEY DR., APT 300	MIAMI FL 33131
<del>D</del> S	<del>DESCARTIN, YOLANDA N</del> CHELLE, CHRISTOPHE	<del>1001 BRICKELL BAY DR., SUITE 1520</del> FORTUNE H., 185 SE 14 <sup>TH</sup> TERR	<del>MIAMI FL 33131</del> MIAMI FL 33131
D	REUSCHE, JAIME	APT. 81, SANTA ROSA DE LIMA	CARACAS 1062, VENEZUELA
<del>D</del> D	<del>ROBERT, DOMINQUE</del> LEGATE, BRYAN D.	<del>94 RUE MARIUS AUFAN</del> GEM, 712 FIFTH AVE. 7 FLOOR	<del>PARIS, FRANCE</del> NEW YORK NY 10019
D	REDSHAW, TOBY	3572 GREENSIDE DR., SUITE 104	MEMPHIS TN 38125
D	FARMER, BOB	AMG, 1220 COLLINS AVE, SUITE 220	MIAMI BEACH FL 33139

8. Name and Address of Current Registered Agent

NELSON, BRIAN H ESQ  
AKERMAN, SENTERFITT, & EDISON, P.A.  
100 S.E. 3RD AVE., 28TH FLOOR  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

VANYI-ROBIN, ANDRE L

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

520 BRICKELL KEY DRIVE

Suite, Apt. #, Etc.

Apt. 300

City

MIAMI

State

FL

Zip Code

33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/19/2000

CR2E040 (8/00)

11. 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 under section 119.07(3)(i), 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VANYI-ROBIN, ANDRE L.

Date

10/19/2000

Daytime Phone #

305-377-1930  
ext #231

ADDITIONAL DIRECTORS			
Title(s)	Name	Street Address	City/State/Zip
D	Alex Daly	1309 South Mary Ave	Sunnyvale, CA 94087
D	John Stroem	Gammelsaga 20	75 Klaebu, NORWAY
D	Jaimes Canton	2084 Union Street	San Francisco, CA 94123

*Handwritten signature: Alex Z. 6/4*