

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1998
APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

DOCUMENT # 897000035317

1. Corporation Name

Visionary Systems, Inc.

99 MAY -4 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4687 Blue Pine Circle
Lake Worth, Florida 33463

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

2. New Principal Office Address, If Applicable

4687 Blue Pine Circle
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Lake Worth, Florida

City & State

Zip

33463

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/18/97

5. FEI Number

65-0743753

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
CEO	Brian S. Lowry	4687 Blue Pine Circle Lake Worth FL 33463	

700002868037--2
-05/07/99--01128--017
****308.75 ****308.75

8. Name and Address of Current Registered Agent

Brian S. Lowry
4687 Blue Pine Circle
Lake Worth, FL 33463

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 5/4/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

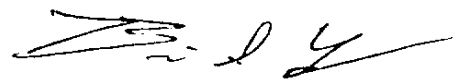
5/4/99
Date

561-967-4871
Daytime Phone #

CR2E081 (12/98)

5/4/1999

I, Brian S. Lowry, did not receive the 1998
annual report.

A handwritten signature in black ink, appearing to read "B. S. Lowry".

Brian S. Lowry, CEO