

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY 28 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 098000102203

1. Corporation Name

Visionary Marketing, Inc.

2. Principal Office Address - No P.O. Box #

735 Commerce Center Drive

Suite, Apt. #, etc.

Suite F

City & State

Sebastian, FL

Zip

32958

Country

U.S.A.

3. Mailing Office Address

735 Commerce Center Drive

Suite, Apt. #, etc.

Suite F

City & State

Sebastian, FL

Zip

32958

Country

U.S.A.

100130291931
05/28/08-01001--013 **450.00
REINSTATEMENT
05/28/08 12:00 PM

4. Date Incorporated or Qualified
To Do Business in Florida

12/4/98

5. FEI Number

59-3547441

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Evans, Ralph L

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

3355 Ocean Drive

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32963

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	E. F. Augenstein	179 Caprona Street	Sebastian, FL 32958

10. 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 contained in Chapter 119, 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:

E. F. Augenstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/08

Date

772/228-9775

Daytime Phone #

MAILED MAY 28 2008