

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

NOTED
AND
FILED

01 APR 18 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000055383

1. Corporation Name

VISIBLE DIFFERENCE, INC.

2. Principal Office Address

**c/o Philip J. Gouze, Esq.
500 S.E. Sixth Street
Suite, Apt. #, etc.
Suite 100**

3. Mailing Office Address

**c/o Philip J. Gouze, Esq.
500 S.E. Sixth Street
Suite, Apt. #, etc.
Suite 100**

City & State

Fort Lauderdale, Florida

City & State

Fort Lauderdale, Florida

Zip

33301

Country

Broward

Zip

33301

Country

Broward

**4. Date Incorporated or Qualified
To Do Business in Florida**

June 18, 1999

5. FEI Number

65-1086094

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

Philip J. Gouze

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

500 S.E. Sixth Street

Suite, Apt. #, Etc.

Suite 100

City

Fort Lauderdale

**State
FL**

Zip Code 33301

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**

REGISTERED AGENT MUST SIGN

Date 4/10/01

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
DP.	JOHN J. THOMAS	2590 Mayfair Lane	Weston, FL 33327

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 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

Date

(954) 463-2995

Daytime Phone #

CR2E081 (9/00)

PHILIP J. GOUZE, P.A.

ATTORNEY AT LAW

-2-
Suite 100 - Jay Mark Building
500 Southeast Sixth Street
Fort Lauderdale, Florida 33301
Telephone (954) 463-2995

April 10, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: CORPORATION REINSTATEMENT
VISIBLE DIFFERENCE, INC.

Dear Sir or Ms.:

The Articles of Incorporation for Visible Difference, Inc. were filed on June 18, 1999 and since that time, no Uniform Business Report forms were ever received by my office. As a result the referenced corporation was involuntarily administratively dissolved.

Enclosed please find completed and signed Corporation Reinstatement form for VISIBLE DIFFERENCE, INC., along with my office check in the amount of \$300:00.

Kindly reinstate this corporation at your earliest convenience.

Thank you for your cooperation.

Very truly yours,



PHILIP J. GOUZE
Attorney at Law

PJG/st
Enclosures