

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 NOV -9 PM 4:07

DOCUMENT # P99000059145

1. Corporation Name

CORPORATE VISIBILITY, INC.

Principal Place of Business

9335 LONGMEADOW CIRCLE  
BOYNTON BEACH FL 33436

Mailing Address

9335 LONGMEADOW CIRCLE  
BOYNTON BEACH FL 33436

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

2. New Principal Office Address, If Applicable

312 E Boynton Bch Blvd

Suite, Apt. #, etc.

#4

City & State

Boynton Bch. FL

Zip

33435

Country

US

3. New Mailing Office Address, If Applicable

312 E Boynton Bch Blvd

Suite, Apt. #, etc.

#4

City & State

Boynton Beach, Fla.

Zip

33435

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

06/28/1999

5. FEI Number

65-0977068

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 3	City / State / Zip 4
D	ROBINSON, MELINDA	9335 LONGMEADOW CIRCLE	BOYNTON BEACH FL 33436
D	WARD, CONSTANCE	9335 LONGMEADOW CIRCLE	BOYNTON BEACH FL 33436
			700003480107--9 -11/29/00--01074--010 ***\$600.00 ***\$600.00

8. Name and Address of Current Registered Agent

ROBINSON, MELINDA  
9335 LONGMEADOW CIRCLE  
BOYNTON BEACH FL 33436

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

*Melinda Robinson* **SIGNATURE REQUIRED**

Date

11/6/00

REGISTERED AGENT MUST SIGN

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:

*Melinda Robinson* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/00  
Date

561-364-7670  
Daytime Phone #

CR2E040 (8/00)