

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC -5 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000110198

1. Corporation Name

VISACOM, INC.

Principal Place of Business

Mailing Address

1080 NW 163RD DRIVE
MIAMI FL 33169

1080 NW 163RD DRIVE
MIAMI FL 33169



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

2. New Principal Office Address, If Applicable

330 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE #700

City & State

MIAMI FLORIDA

Zip

33132

Country

USA

3. New Mailing Office Address, If Applicable

330 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE #700

City & State

MIAMI FLORIDA

Zip

33132

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1999

5. FEI Number

☒ 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
1	2	3	4
PR	BARUA, BEN	1080 NW 163RD DRIVE	MIAMI FL 33169
PD	CONCEPCION, JORGE	330 BISCAYNE BLVD #700 MIAMI FLORIDA 33132	MIAMI FLORIDA 33132

000003506580--4
-12/20/00--01013--025
****750.00 ****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STOLAR, DAVID M.
1350 KANE CONCOURSE DRIVE
BAY HARBOR ISLANDS FL 33154

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

DAVID M. STOLAR

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-28-2000

Daytime Phone #

305-620-3600

CR2E040 (8/00)