

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FORM 1  
AND  
FILED

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

98 JUN 15 AM 10:35  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000071017  
 1. Corporation Name  
 Vertical Specialist, Inc.

800002560838--3  
 -06/16/98--01064--022  
 \*\*\*\*323.75 \*\*\*\*323.75  
 800002560838--3  
 -06/16/98--01064--023  
 \*\*\*\*200.00 \*\*\*\*200.00

Principal Place of Business Mailing Address  
 14732 SW 51 Terrace  
 Miami, FL. 33185

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

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 2. New Principal Office Address, If Applicable |  | 3. New Mailing Office Address, If Applicable |  | 4. Date Incorporated or Qualified To Do Business in Florida   |  |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                          |  | 10-13-93  |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number   |  |
| Zip  |  | Country                                      |  | 65-0444080  |  |
|  |  |  |  | Applied For   |  |
|  |  |  |  | Not Applicable  |  |
|  |  |  |  | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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) |                                      |  |                       |
|---|--------------------------------------|--|-----------------------|
| 1. Title(s)   | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip |
| P/D   | David Medina                         | 14732 SW 51 Terr.  | Miami, FL. 33185      |
|   |                                      |  |                       |
|   |                                      |  |                       |
|   |                                      |  |                       |
|   |                                      |  |                       |
|   |                                      |  |                       |

|   |  |  |                |
|---|--|--|----------------|
| 8. Name and Address of Current Registered Agent       |  | 9. Name and Address of New Registered Agent        |                |
| David Medina<br>14732 SW 51 Terr.<br>Miami, FL. 33185 |  | Name   |                |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |                |
|   |  | Suite, Apt. #, Etc.                                |                |
|   |  | City   | State Zip Code |
|   |  |  | FL             |

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 \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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)(j), 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:  6/4/98 305-559-9442  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)

VERTICAL SPECIALISTS, INC.  
14732 SW 51 Terrace  
Miami, Florida 33185  
Tel: 305-552-9444

June 4, 1998

Fla Dept of State  
P.O. Box 6327  
Tallahassee, Florida 32314

re: Vertical Specialists, Inc.

Attn: Shawn Toner

Dear Mr. Toner

As per our conversation on June 3, 1998, I am requesting in writing an abatement of the penalties for Corporate Annual Reports. As I told you, I never received the Corporate Annual Report for 1996 or 1997, as you can see I had the new accountant I hired give me a copy of an annual report so that I could file my 1997.

Enclosed is a check in the amount of \$323.75 to cover all fees due for 1996 & 1997 and a certificate of status report.

Thank you so much, for your prompt and courteous attention in this matter.

Please contact me at 305-785-3661 cellular phone, if you have any questions.

Sincerely,

VERTICAL SPECIALISTS, INC.



David Medina  
President

cc: Franjo Accounting, Inc.