


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 07 OCT 29 AM 11:44

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P9 50000 50217**
 1. Corporation Name
Vertical Reality Inc

2. Principal Office Address - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Office Address
6880 N. Carter Rd
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **1995**

5. FEI Number **0650604430**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Ken Sharkey

Street Address (P.O. Box Number is Not Acceptable)
6880 N. Carter Rd

Suite, Apt. #, Etc.

City **Palmetto Bay** State **FL** Zip Code **33158**

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 **[Signature]** Date **10/25/07**

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
Pier	Kenneth Sharkey	6880 N. Carter Rd	Miami, FL 33158

500112804109
 12/04/07--01006--005 **450.00

REINSTATEMENT 05-07
10/25/07

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: **[Signature]** Date **10/25/07** Daytime Phone # **305 219 4000**

SIGNATURE AND STAMPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR