

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000000212

1. Corporation Name

FORTRESS TECHNOLOGIES, INC.

2. Principal Office Address - No P.O. Box #

4023 Tampa Road

Suite, Apt. #, etc.

2200

City & State

Oldsmar, FL

Zip

34677

Country

US

3. Mailing Office Address

4023 Tampa Road

Suite, Apt. #, etc.

2200

City & State

Oldsmar, FL

Zip

34677

Country

US

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

34677

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

*Robert M. Kozlin*

Date 1/13/2011

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
Dir	Lewis E. Larson	9774 Polished Stone	Columbia, MD 21046
CFO	Ronald S. Kozlin	4023 Tampa Rd #2200	Oldsmar, FL 34677
CEO	Richard Condon	4023 Tampa Rd #2200	Oldsmar, FL 34677
Dir	Michael Stakias	485 Lexington Ave, 2nd Floor	New York, NY 10017
Dir	Tom Greig	485 Lexington Ave, 2nd Floor	New York, NY 10017
Dir	Kevin Carroll	7425 Mink Hollow Rd	Highland, MD 20777

10. E-mail Address: kcreighton@fortresstech.com

(To be used for future annual report notification)

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. I further certify, 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:

*Ronald S. Kozlin* RONALD S. KOZLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2011

Date

813-288-7388

Daytime Phone #

FILED

11 JAN 21 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400192120224  
01/21/11--01027--004 \*\*595.00

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 1/13/1997

5. FEI Number  
11327384

☐ Applied For  
☐ Not Applicable

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

400192120224  
01/21/11--01027--005 \*\*155.00

400192120224  
01/21/11--01027--006 \*\*150.00