

JAN-15-1998 11:46

CT CINCINNATI

P.04/05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Jordan
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB 11 PM 1:31

DOCUMENT

1. Corporation Name

Veri-Tech, Inc.

Principal Place of Business

1407 S.W. 8th Street
Pompano Beach, FL 33069

Mailing Address

Vernay Laboratories, Inc.
P.O. Box 310
Yellow Springs, Ohio 45387

If above addresses are incorrect in any way, file through incorrect information and order correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business In Florida
July 20, 1967

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-0732427

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐@ 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	Thomas W. Allen	316 Timberland Drive	Beavercreek, Oh. 45440
S	Hugh Barnett	1731 Audubon Park	Springfield, Oh. 45504
V/D	Stephen S. Russo	6738 Penridge Drive	Centerville, Oh. 45459
D	Stephen W. Stephens	124 E. El Mombriño	Green Valley, Az 85614
T/D	Frank D. Welling	7668 Turtle Creek Drive	Duyton, Oh. 45414
C/D	Rebecca Raibley	7 Evergreen Avenue	Weston, Ma 02193-1005

8. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL. 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

Connie Bryan

Special Asst. Secretary

REGISTERED AGENT MUST SIGN

Date 02/17/98

***325.00 ***325.00

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒(See other side for information
on Intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 118.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

30 2/11/98