FILED

2007 APR -9 PM 4:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

05-06

CR2E081 (1/07)

DOCUMENT # P04000000286

1. Corporation Name

Verouity Solutions Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5889 S. Greenwood Plaza Blvd		5889 S. Greenwood Plaza Blvd.	
Suite, Apt #, etc.		Suite, Apt #, etc.	
Suite 300		Suite 300	
City & State		City & State	
Greenwood Village, CO		Greenwood Village, CO	
Zip	Country	Zip	Country
80111	USA	80111	USA

4. Date Incorporated or Qualified To Do Business in Florida 01/16/2004

5. FEI Number 45-0530830 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City Plantation State FL Zip Code 33324

☐ 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 4/9/07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Robert E. Knowling, Jr.	5889 S Greenwood Plaza Blvd., Suite 30C	Greenwood Village, CO 80111
S/T/VP	David A. Zeleniak	5889 S Greenwood Plaza Blvd., Suite 30C	Greenwood Village, CO 80111

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]   4/5/07   303-218-5298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

FL010 - 1/1/07 CT System Online

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

VERCUITY SOLUTIONS, INC.

Certificate of Status	1
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