

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
VERCUITY SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

Electronic Filing Menu

Corporate Filing Menu

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JUL 16 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000000286

1. Corporation Name

Vercuity Solutions, Inc.

REINSTATEMENT

08-10

2. Principal Office Address - No P.O. Box #
5889 Greenwood Plaza Blvd

3. Mailing Office Address
5889 Greenwood Plaza Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Greenwood Village CO

City & State

Greenwood Village CO

Zip

80111

Country

USA

Zip

80111

Country

USA

CR28081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida 1/16/04

5. FEI Number 45-0530830

6. CERTIFICATE OF STATUS DESIRED ☐ 32.75 Additional fee required for a Certificate of Status

Applied For ☐ Not Applicable ☐

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

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0503, F.S.

Signature of Registered Agent

James Martin

James Martin
Assistant Secretary

Date

7/16/2010

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
CEO	Charlotte Yates	5889 Greenwood Blvd Plaza	Greenwood Village CO
CFO	Phillip Petzold	5889 Greenwood Blvd Plaza	Greenwood Village CO 80111
C	Alex Russo	5889 Greenwood Blvd Plaza	Greenwood Village CO 80111
D	David Walsh	5889 Greenwood Blvd Plaza	Greenwood Village CO 80111
D	Rick Smith	5889 Greenwood Blvd Plaza	Greenwood Village CO 80111
D	Dennis O'Connell	5889 Greenwood Blvd Plaza	Greenwood Village CO 80111

10. E-mail Address: Phillip.Petzold@telwarre.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:

Phillip Petzold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/10

Date

Daytime Phone #