Division of Corporations

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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To: 002120.128475

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

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

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

VERRSITECH, INC. OF PENNSYLVANIA

Certificate of Status	0
Certified Copy	0
Page Count	02
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Electronic Filing Menu Corporate Filing Menu Help

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F07000002875

1. Corporation Name
VERSITECH, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
100 ALEXANDER DRIVE	100 ALEXANDER DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MONACA, PA	City & State: MONACA, PA
Zip: 15061 Country: USA	Zip: 15061 Country: USA

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business In Florida: 05/31/2007

5. FEI Number: 25-1560865 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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: 33331

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: 7/12/10
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
Pres	Timothy A. Griffeth	100 ALEXANDER DRIVE	MONACA, PA 15061
Sec	Dona L. Griffeth	100 ALEXANDER DRIVE	MONACA, PA 15061
Treas	Pete Darno	100 ALEXANDER DRIVE	MONACA, PA 15061
	REINSTATEMENT RH		

10. E-mail Address: _____
(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, and that 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] 7/12/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #