

To: FL Dept of State
Subject: 002120,128475

From: Kim Weidenbach

Tuesday, July 13, 2010 10:59 AM Page: 1 of 2

Division of Corporations

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**Florida Department of State
Division of Corporations
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To:

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

002120.128475

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
Estimated Charge	\$900.00

RH

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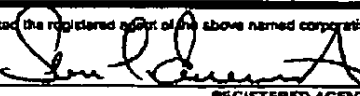
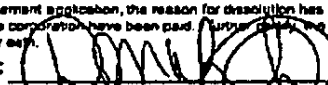
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F07000002875					
1. Corporation Name VERSITECH, INC.					
2. Principal Office Address - No P.O. Box # 100 ALEXANDER DRIVE			3. Mailing Office Address 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	4. Date Incorporated or Qualified To Do Business in Florida 05/31/2007	
				5. FEI Number 25-1560865	☐ Applied For ☐ Not Applicable
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				6. CERTIFICATE OF STATUS DESIRED ☐ SR-71 Annual Report required for all corporations	
				8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0305 or 617.0503, F.S. Signature of Registered Agent  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. Further, 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: 				Date 7/12/10 Daytime Phone #	

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