

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 21 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO 2000024311

1. Limited Liability Company's Name

Vertical Bridge Services LLC

2. Principal Office Address

11250 Old St. Augustine Rd.

Suite, Apt. #, etc.

15-133

City & State

Jacksonville FL

Zip

32251

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Hillsborough FL

5. Date Organized or Qualified
To Do Business in Florida

9-18-02

6. FEI Number

73-208322

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Colleen K. Carroll

Street Address (P.O. Box Number is Not Acceptable)

3728 Mandarin Woods Dr. N

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32223

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Colleen K. Carroll

Date

4-20-04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Colleen K. Carroll	3728 Mandarin Wds Dr. N	Jacksonville, FL 32223
MEM	Abby Harrington	12703 Twin Branch Acres Rd.	Tampa, FL 33626

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

Colleen K. Carroll

Date

4-20-04

Daytime Phone #

904-673-9396

Typed or printed name of signing Managing Member/Manager

Colleen K. Carroll

CR2004 (10/02)