

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 19 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000006251

1. Corporation Name

VECTOR TECHNICAL SERVICES, INC.

REINSTATEMENT

02-08 [Signature]

500118358605
02/20/08--01004--007 **1058.75
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

9906 WOODBAY DR.

Suite, Apt. #, etc.

3. Mailing Office Address

9906 WOODBAY DR.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33626

Country

City & State

TAMPA, FL

Zip

33626

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/2000

5. FEI Number
59-3626498

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM H. FREEMAN

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

9906 WOODBAY DR.

Suite, Apt. #, Etc.

City

TAMPA

State
FL

Zip Code

33626

☒ 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

William H. Freeman

REGISTERED AGENT MUST SIGN

Date 2/13/08

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
D	JEAN B. FREEMAN	9906 WOODBAY DR.	TAMPA, FL 33626
D	WILLIAM H. FREEMAN	9906 WOODBAY DR.	TAMPA, FL 33626

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:

William H. Freeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/08

Date

Daytime Phone #