

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P00000022375

1. Corporation Name

VERTICAL HEALTH SOLUTIONS, INC.

01 OCT 26 AM 11:24

Principal Place of Business

Mailing Address

12505 STARKEY ROAD, SUITE A
LARGO FL 33773

12505 STARKEY ROAD, SUITE A
LARGO FL 33773



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6925 112th Circle N.

Suite, Apt. #, etc.

Ste. 102

City & State

Largo FL

Zip

33773

Country

Pinellas

3. New Mailing Office Address, If Applicable

6925 112th Circle N.

Suite, Apt. #, etc.

Ste. 102

City & State

Largo FL 33773

Zip

33773

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/2000

5. FEI Number

59.3635262

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WATTERS, DOUGLAS STEPHEN	12505 STARKEY RD, STE A 6925 112th Circle N. Ste. 102	LARGO FL 33773

8. Name and Address of Current Registered Agent

ESQUIVEL, JULIO C. ESQ
SHUMAKER, LOOP & KENDRICK, LLP
101 E. KENNEDY BLVD., SUITE 2800
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/24/01

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 the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-01 727-548-8345

CR2E040 (201)

TO: FLORIDA DEPARTMENT OF STATE

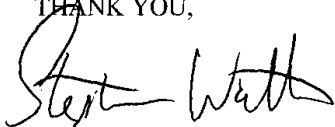
FROM: VERTICAL HEALTH SOLUTIONS, INC.

DATE: October 22, 2001

PLEASE NOTE THAT WE NEVER RECEIVED ANY NOTICE OF
DISSOLVING/REVOKING OUR INCORPORATION DUE TO OUR OFFICE
LOCATION MOVE. ALSO, PLEASE WAIVE DEPOSIT AS A \$150 WAS SENT TO
THE DEPARTMENT OF STATE OF FLORIDA AND CASHED.

ANY QUESTIONS, PLEASE CALL STEVE WATTERS @ 727-548-8345 EXT. 222
-AT-VERTICAL HEALTH-SOLUTIONS, INC.-----

THANK YOU,

A handwritten signature in black ink, appearing to read "Steve Watters", written in a cursive style.

STEPHEN WATTERS