

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 DEC 12 11:37

DOCUMENT # P00000025027

1. Corporation Name

Vantropic, Inc.

2. Principal Office Address

450 SW 12 Avenue

Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip

33069

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/6/2000

5. FEI Number

65-0585565

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

Martin Herrington

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

450 SW 12 Avenue

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33069

300062292043

12/20/05 01035 016 #4500.0

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]

REGISTERED AGENT MUST SIGN

Date

3/25/05

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	Martin Herrington	450 SW 12 Ave	Pompano Bch FL 33069
VP	Jayne Herrington	450 SW 12 Ave.	Pompano Bch FL 33069

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 under section 119.07(3)(i), 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]

Martin Herrington

Date

3/25/05

Daytime Phone #

954-783-4500

CR2E081 (10/02)