

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

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DOCUMENT # P00000103894

1. Corporation Name

VORTECH, INC.

Principal Place of Business

160 S. SEMORAN BLVD.  
ORLANDO FL 32807

Mailing Address

160 S. SEMORAN BLVD.  
ORLANDO FL 32807



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3008-C E. Colonial Dr. 3008-C E. Colonial Dr.

Suite, Apt. #, etc.

#255

City & State

Orlando FL

Zip

32803

Country

US

3. New Mailing Office Address, If Applicable

3008-C E. Colonial Dr.

Suite, Apt. #, etc.

#255

City & State

Orlando FL

Zip

32803

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

11/06/2000

5. FEI Number

59-3469160

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PUGH, BRADFORD	160 S. SEMORAN BLVD.	ORLANDO FL 32807
D	SMITH, CRAIG	160 S. SEMORAN BLVD.	ORLANDO FL 32807
D	AMEND, ANDREW	246 S. LORRAINE	WICHITA KS 67211
			300004711233--6 -12/06/01--01026--023 ****758.00 ****758.00
			JB 11/5

8. Name and Address of Current Registered Agent

PUGH, BRADFORD  
160 S. SEMORAN BLVD.  
ORLANDO FL 32807

9. Name and Address of New Registered Agent

Name  
Bradford Pugh  
Street Address (P.O. Box Number is Not Acceptable)  
3008-C E. Colonial Dr.  
Suite, Apt. #, Etc.  
#255  
City  
Orlando  
State  
FL  
Zip Code  
32803

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

Brad Pugh

Date 11-7-01

REGISTERED AGENT MUST SIGN

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)(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:

Brad Pugh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-01 407-380-5500

Date Daytime Phone #