

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR **02**  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000072739

1. Corporation Name

VERTICAL CONTROL TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

~~2021 S.W. 70TH AVENUE~~

~~2021 S.W. 70TH AVENUE~~

~~B10~~

~~B10~~

~~DAVIE FL 33317~~

~~DAVIE FL 33317~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

12260 SW 53 ST

12260 SW 53 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#607

#607

City & State

City & State

Cooper City FL

Cooper City FL

Zip

Zip

33330

33330

Country

Country

USA

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/24/2001

5. FEI Number

651122958

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
PD	FORSHAW, JOHN	<del>2021 S.W. 70TH AVENUE B10</del> 12260 SW 53 ST #607	<del>DAVIE FL 33317</del> Cooper City FL 33330
SD	KUJAWA, FRANK	<del>2021 S.W. 70TH AVENUE B10</del> 12260 SW 53 ST #607	<del>DAVIE FL 33317</del> Cooper City FL 33330

300009012953  
11/15/02--01008--008 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARDEN, ROBERT B ESQ.  
8751 WEST BROWARD BOULEVARD  
SUITE 305  
PLANTATION FL 33324

Name

John C. Forshaw

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

5614 McKinley St Hollywood

Suite, Apt. #, Etc.

City

Hollywood

State  
FL

Zip Code

33021

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. or 617.0505, F.S.

Signature of  
Registered Agent


  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/03/02

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/03/02 954-434-7222

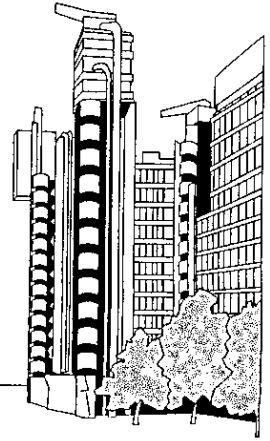
CR2ED40 (8/02)

# Vertical Control Technologies

12260 Sw 53<sup>rd</sup> Street Suite #607  
Cooper City, Fl. 33330  
E-mail Verticalcntrltec @ AOL.Com

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Ph. 954-434-7222  
Fax 954-434-7230



To whom it may concern:

Please accept this as formal written notice that we have never received the last two years uniform business report. As you can see from above, this is our current address. Please make the proper changes accordingly. Should you have any questions please don't hesitate to call me at your convenience.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Forshaw'. The signature is stylized with long, sweeping strokes.

John Forshaw  
Registered Agent.

JF/af