PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					2006 NOV -7 PM 4:21 SECRETARY OF STATE TALLAHASSEE FLORIDA						
DOCUMENT # PO 30000 41126 1. Corporation Name												.0022	1 60	NIDA	
VERTEX INFOTECH INC. W06-46749															
2. Principal Office Address 19323 Autumn Noods Ave					3. Mailing Office Address 19323 Autumn Hoods Ava					CR2E081 (12/05)					
Suite, Apt. #, etc.					Suite, Apt. #, etc.					4. Date Incorporated or Qualified To Do Business in Florida Oh 11 2 00 3					
City & State Tampa, FL					City & State Tampa, FL					5. FEI Number Applied For Not Applicable					
Zip 33 (33647 Country U.S.A.				^{Zip} 3364	- 1	Coun	stry SA		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirements of a Certificate of Status					I Fee required
	7. Name and Address of Current Registered Agent														
	Name NIRMALA PERUMAL Street Address (P.O. Box Number is Not Acceptable)														
19323 AUTUMN HOODS AVE Suite, Apt. #, Etc.												<u>ال</u> ا	/ ()	_
	City TAMPA									State Zip Code FL 33647					
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 REGISTERED AGENT MUST SIGN															
9. Names	and Street Ad	idresses	of Each Offi	icer and/	or Director (Fk	orida nonprofit	corp	orations must list	at leas	t 3 directors)		,			
Titles	Name of Officers and/or Directors							Street Address of Each Officer and/or Director			City / State / Zip				
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										[] []]/[]	100 1/06	≘os 01033	955 01	5952 1 **45	9.75
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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: 10 3 66 813-919 - 2009															
SIGNATURE: 10/13/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #															



October 13, 2006

Department Of State Florida, USA.

Ref: Vertex Infotech Inc / Document # P03000041126

Dear Sir/Madam,

Our accountant recently brought to our attention that our company had been administratively dissolved due to non-filing of our annual reports.

Our company has moved to 19323 Autumn Woods Ave, Tampa, FL 33647, during the middle of the year 2004. Unfortunately, we never received notice of this unfortunate dissolution and therefore respectfully request that you reinstate us without penalty.

Enclosed is a check for \$458.75 for three years renewal and annual report form. It includes the Annual report fee of \$183.75 for three years and the Corporate Supplemental Fee of \$266.25 along with the \$8.75 fee for the Certificate of Status.

Sincerely,

mala Perumal

President

19323 Autumn Woods Avenue. Tampa, FL 33647

801 640 7370



info@vertexinfotech.com