

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 JAN -2 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P92000007873

**1. Corporation Name**

Vertical Land, Inc.

W06 - 54764

**2. Principal Office Address**

7950 Front Beach Rd

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

City & State

Zip  
32407

Country  
Bay

Zip

Country

REINSTATEMENT

CO-07

CRZE081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01-01-1993

**5. FEI Number**

59-3162233

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

Roger L. Clark, E.A.

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

2304 Winona Dr

Suite, Apt. #, Etc.

City

Panama City

State  
FL

Zip Code  
32405

**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

*Roger L. Clark, E.A.*

REGISTERED AGENT MUST SIGN

Date 12-20-2006

**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	Cynthia M. Carter	7950 Front Beach Rd	Panama City Beach, FL
			32407
			700082709057 12/21/06--01029--023 **1650.00
			700082709057 12/28/06--01026--026 **150.00

**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:

*Cynthia M. Carter President*  
Cynthia M. Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-2006

Date

Daytime Phone #

850-233-4788