## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P94000062932

1. Corporation Name

VEREON TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

9143 PHILLIPS HIGHWAY

9143 PHILLIPS HIGHWAY

SUITE 320 JACKSONVILLE FL 32256

Suite, Apt. #, etc.

City & State

**SUITE 320** JACKSONVILLE FL 32256

If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable

	New Mailing Office Address, If Applicable		
	Suite, Apt. #, etc.		
-	City & State		

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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	Date Incorporated or Qualified To Do Business in Florida	09/01/1994	
	5. FEI Number	00,01,10	Applied For
	59-3266066		Not Applicable
_	6.	SR 75 Addit	ional Ess requires

CERTIFICATE OF STATUS DESIRED	for a Certificate of
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		t					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip				
D	MOORE, MATTHEW M	2099 ACKOLA POINT	LONGWOOD FL 32779				
D	MOORE, TERESA A	2099 ACKOLA POINT	LONGWOOD FL 32779				
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		11/0	<b>00008820207</b> 6/0201037014 ***750.00				
	O November 1						
	8. Name and Address of Current Registered Age	nt 9. Name a	nd Address of New Registered Agent				

MOORE, MATTHEW M 2099 ACKOLA POINT LONGWOOD FL 32779 Name

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

Suite, Apt. #, Etc.

City

State Zip Code

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.

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 filling 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.

Theresal A. Moore SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Creative Times, Inc. John Jordan 7311 Bridge View Cir. 106 Tampa, FL 33634 813-249-9141

Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, FL 32314

FL Department of State, Jim Smith, - -

This is in reference to Document # P01000100420.

I have received your letter of reinstatement. I do not know what has happened, but I would like to correct it. I called and was told to just send in the red form with \$150.00. I'm including a letter according to its instructions. I have mailed purple IRS forms, but I was told I needed to send in the green forms. I was unaware and have not seen the green forms. When I set up my business, all my forms had the address of Bridgewater and not Bridge View. (i.e. My Federal Tax Deposit coupon book, etc). I believe everything has been corrected. Maybe this was part of the confusion. Had I realized this error, I would have gladly taken the measures to pay my business fee and send in the necessary forms. Pleased accept my apology and my check to re-instate me. Included is a check for \$150.00 as was explained to me over the phone and a Xerox of an incorrect address.

Thank you,

John Jordan