

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 19 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000010987**

1. Corporation Name

VERY VERTICAL, INC.

2. Principal Office Address

2860 N. FEDERAL Hwy

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33306

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0649877

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

SHIMON, ILAN B.

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

2860 N. FEDERAL Hwy

Suite, Apt. #, Etc.

City

FT. LAUDERDALE, FL

State

FL

Zip Code

33306

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

ILAN B. SHIMON

Date

11/16/04

REGISTERED AGENT MUST SIGN

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
PD	SHIMON, ILAN B.	1000 NW 100th Way PLANTATION, FL	PLANTATION, FL 33322
			06/30/03 90066 005 \$ 150.00
			100042300281 11/19/04--01043--020 **750.00

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 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:

ILAN B. SHIMON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/16/04

Daytime Phone #

CP-20081 (01/04)