

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 15 PM 3:24

DOCUMENT # P97-000065051

**1. Corporation Name**

Vertigo Trading, Inc.

**2. Principal Office Address**

1863 S.W. 17th St.

**3. Mailing Office Address**

P.O. Box 273389

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Boca Raton, FL

**City & State**

Boca Raton, FL

**Zip**

33432

**Country**

USA

**Zip**

33432

**Country**

USA

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

07/24/97

**5. FEI Number**

59-3469795

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-05  
CR2E081 (8/05)

**7. Name and Address of Current Registered Agent**

**Name**

Ryan E. Willits, P.A.

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

120 E. Palmetto Park Road

**Suite, Apt. #, Etc.**

Suite 120

**City**

Boca Raton,

**State**

FL

**Zip Code**

33432

**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

*Ryan E. Willits as president*  
REGISTERED AGENT MUST SIGN

Date 12.06.05

**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
PS	Anne W. Boggs,	1863 S.W. 17th Street	Boca Raton, FL 33486
	n/k/a A. Whitney Vittor		

800062206538  
12/15/05--01057--012 \*\*1350.00

**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:**

*A. Whitney Vittor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.06.05

Date

561.376.9887

Daytime Phone #