

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000102669

1. Corporation Name

VERTEX, INC.

Principal Place of Business

301 RT. 130 S.
CINNAMINSON NJ 08077

Mailing Address

301 RT. 130 S.
CINNAMINSON NJ 08077

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

323 New Albany Rd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

323 New Albany Rd
Suite, Apt. #, etc.4. Date Incorporated or Qualified
To Do Business in Florida

11/24/1999

5. FEI Number

59-3612675

Applied For

Not Applicable

City & State

Moorestown, NJ

City & State

Moorestown, NJ

Zip

08057

Country

USA

Zip

08057

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HALGAR, ROBERT C.	301 RT-130 S 323 New Albany Rd	RIVERTON NJ 08077 Moorestown, NJ 08057
VP	Lutes Paul R	577.5 Whig Lane Rd	Monroeville, NJ 08043

700004912007--7

-02/12/02-01062-004

****900.00 ****900.00

8. Name and Address of Current Registered Agent

MUNROE, W. BRADLEY ESQ
239 E. VIRGINIA ST.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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.

Signature of
Registered Agent

x W. B. Munroe

REGISTERED AGENT MUST SIGN

Date

12/11/01

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #