

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S10053

1. Corporation Name

VERA SYSTEMS, INC.

Principal Place of Business

1745 SUNSET AVE
LAKE WORTH FL 33460

Mailing Address

1745 SUNSET AVE
LAKE WORTH FL 33460

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/1990

5. FEI Number

65-0672861

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DT	VERA, GEORGINA	1745 SUNSET AVE	LAKE WORTH FL 33460
DS	CASTILLO, GINA	6533 RAMBLEWOOD CIRCLE	GREEN ACRES FL 33467
DP	VERA, ROGELIO	1745 SUNSET AVE	LAKE WORTH FL 33460
DVP	VERA, HECTOR	1745 SUNSET AVENUE	LAKE WORTH FL 33460
			7000003184317--3 -03/27/00--01010--004 ***908.75 ***908.75 LS

8. Name and Address of Current Registered Agent

ROSENBAUM, RICHARD L. ESQ.
ONE E. BROWARD BLVD.
#1500
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name Glenn H. Mitchell
Street Address (P.O. Box Number is Not Acceptable)
1615 Forum PLACE
Suite, Apt. #, Etc. Suite 4-B
City West Palm Beach State FL Zip Code 33401

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 3-6-00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-00

Date

Daytime Phone #

FILED

00 MAR 23 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR2E040 (8/99)