


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

*DoUBR*

FILED  
01 MAY -9 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000045837  
1. Corporation Name  
ASPEN CONSULTING, INC.

Principal Place of Business: 3220 River Villa Way, #164 Melbourne Beach, FL 32951  
Mailing Address: 3220 River Villa Way, #164 Melbourne Beach, FL 32951

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

2. New Principal Office Address, If Applicable 3350 S. Highway 1A Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 3350 S. Highway 1A Suite, Apt. #, etc.	
City & State Melbourne Beach, FL		City & State Melbourne Beach, FL	
Zip 32951	Country USA	Zip 32951	Country USA

4. Date Incorporated or Qualified To Do Business in Florida May 11, 1999	
5. FEI Number 59-3576125	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CLUCAS, CHRISTOPHER B.	3350 S. Highway 1A	Melbourne Beach, FL 32951
			201.25 - AK 10.00 - ARAR 88.75 - ARS
			600004342506--9 -06/05/01--0199--015 ****300.00 ****300.00 SP

8. Name and Address of Current Registered Agent  
FRESE, GARY B.  
930 S. Harbor City Blvd., Suite 505  
Melbourne, Florida 32901

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: *[Signature]* REGISTERED AGENT MUST SIGN Date: May 3, 2001

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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  
CHRISTOPHER B. CLUCAS

5/4/01 321 953 4557  
Date Daytime Phone #

CR2E040 (12/96)