

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED

02 DEC 26 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

687559

1. Corporation Name

VANDERBILT MORTGAGE COMPANY

2. Principal Office Address

1540 STONEBRIAR RD

3. Mailing Office Address

1540 STONEBRIAR RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GREEN COVE SPRINGS, FL  
32043 USA

City & State

GREEN COVE SPRINGS, FL  
32043 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1980

5. FEI Number

592029098

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHARLES H. VANDERBILT

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

1540 STONEBRIAR RD

Suite, Apt. #, Etc.

City

GREEN COVE SPRINGS, FL

State

FL

Zip Code

32043

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12-12-02

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
PRES	CHARLES H. VANDERBILT	1540 STONEBRIAR RD	GREEN COVE SPRINGS, FL
SEC	100% OWNERSHIP		FL 32043

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

12-12-02

Date

9042848941

Daytime Phone #

CR2E081 (9/01)



# VANDERBILT MORTGAGE COMPANY

December 5, 2002

Division of Corporations  
Re-Instatement Office  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Re-Instatement  
Vanderbilt Mortgage Company

To Whom It May Concern:

I was notified by a friend of mine that my corporation was in an inactive status as of a few days ago. I immediately called your office and found out that the annual report had not been filed for the past two years. I would like to explain this terrible situation.

I have been ill for the past year and a half and have not received all of my mail. The notice for The Annual report was never received by me otherwise I would have mailed it in on or before the due date. As reflected in the past twenty years you will see that this has never happened since incorporation back in 1980. I sincerely apologize for this big mistake and I'm asking for the penalties to be waived. I am including the amount of \$450.00 to reinstate my corporation. I ask for your help to get back on my feet financially. I am the only person involved in Vanderbilt Mortgage Company.

Again thanks for any help that you can give me due to the circumstances.

Sincerely,

  
Charles H. Vanderbilt  
Vanderbilt Mortgage Company  
President

1540 STONEBRIAR ROAD, GREEN COVE SPRINGS, FL 32043  
904-284-8941 OFFICE 904-284-9019 FAX