

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 11 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **FA7000004100**

1. Corporation Name

VERSATILE DEVELOPMENT COMPANY, INC.

Principal Place of Business Mailing Address

1616 Star Pointe Lane
Naples, FL 34112

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

REINSTATEMENT

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08.04.97	
City & State		City & State		5. FEI Number	
Zip		Country		36.3506979	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
P	Terrence M. Brown	1052 Grand Isle Dr.	Naples, FL 34108
VP	Matthew T. Brown	675 Ruskin Dr.	Elk Grove Village, IL 60007
ST	Dorothy M. Brown	1052 Grand Isle Dr.	Naples, FL 34108
D	Dorothy M. Brown	1052 Grand Isle Dr.	Naples, FL 34108

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Louis D'Agostino, Esquire
Cheffy, Passidomo, Wilson & Johnson
821 Fifth Ave. So. Suite 201
Naples, FL 34102

Name
Street Address (P.O. Box Number is Not Acceptable)
200002713548--4
Suite, Apt. #, Etc. **-12/15/98-01089-018**
City State Zip Code
*****758.75 ***758.75**
FL

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

12/10/98

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:

Terrence M Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TERRENCE M BROWN, PRESIDENT

12-9-98

Date

941-774-1136

Daytime Phone #

CR2040 (12/98)