

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB 25 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N01000001978

**1. Corporation Name**

Vanderbilt Villas, II, Condominium Association,  
Inc.

REINSTATEMENT 02-04

**2. Principal Office Address**

9220 BONITA Bcn. Rd

**3. Mailing Office Address**

9220 BONITA Bcn Rd

Suite, Apt. #, etc.

ST. 218

Suite, Apt. #, etc.

ST. 218

City & State

BONITA SPRINGS

City & State

BONITA SPRINGS

Zip

34135

Country

USA

Zip

34135

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/20/2001

**5. FEI Number**

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

Becker & Poliakoff, P.A.

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

4501 Tamiami Trail North.

Suite, Apt. #, Etc.

Suite 415

City

Naples

State

FL

Zip Code

34103

**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

*E. Austin White*

Date

4-12-04

E. Austin White, Registered Agent for the Firm

**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.	JASON CHANG	519 ROMA CT. # 2101	NOVLES FL. 34110
V.P	CARL CHAFFIELD	100 BROOKSTONE CT	BNAPEL HILL, NC. 27514
SEC	JOHN DE VORE	PO BOX 1623	COLOMBUS OH 47202
TREAS.	JUDY MILLER	519 ROMA CT. # 2104	NOVLES, FL 34110
Dir	GARY PERKINS	1487 N. LIVERNOIS	ROCHESTER HILLS, MI 48306

**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:

*Carl R. Larson Jr.*

CARL R. LARSON JR.

2/18/04

239-498-2119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

For THE BOARD - THOMAS

CR2E081 (01/04)