

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 25 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 01000034675

1. Corporation Name

Vanderbilt Consulting Group Inc.

2. Principal Office Address

11983 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 138

City & State

Naples, FL

Zip

34110

Country

USA

3. Mailing Office Address

11983 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 138

City & State

Naples, FL

Zip

34110

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/5/2001

5. FEI Number

65-1092292

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

W. Jeffrey Cecil, Porter, Wright, Morris & Arthur

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

5801 Pelican Bay Blvd.

400023341484

Suite, Apt. #, Etc.

Suite 300

City

Naples

State

FL

Zip Code

34108

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

W. Jeffrey Cecil
REGISTERED AGENT MUST SIGN

Date 9/24/2003

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
MGR	Curtiss B. Recklein	11983 Tamiami Tr. N. Suite 138	Naples, FL 34110
MGR	Dr. Earle E. Recklein	11983 Tamiami Trail N. Suite 138	Naples, FL 34110

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:

Curtiss B. Recklein

Curtiss B. Recklein

9-24-03 239-594-6999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

21 9/25