

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000018361**

1. Corporation Name

VANDERBILT BEACH IMPORTS, INC.

Principal Place of Business

Mailing Address

Vanderbilt Beach Imports, Inc
PO Box 2585
Salisbury, NC 28145

Vanderbilt Beach Imports, Inc
PO Box 2585
Salisbury, NC 28145



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect address below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/18/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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	4 City / State / Zip
P	MANEY, DANIEL E	355 CROWN POINT DR 210 SUNSET DR #217	SALISBURY NC 28146 28147
			900024858049 11719203--01033--023 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOSWELL, WILLIAM E
1167 SANDCASTLE RD.
SANIBEL FL 33957

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. or 617.0505, F.S.

Signature of Registered Agent

Daniel E. Maney
REGISTERED AGENT MUST SIGN

Date

11/10/03

11. 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:

D. E. Maney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/03

Daytime Phone #

CR2E040 (7/03)

Vanderbilt Beach Imports, Inc.
PO Box 2585
Salisbury, NC 28145
704-216-0011
November 10, 2003

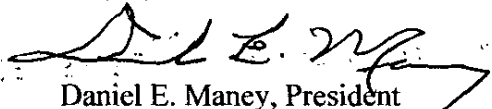
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: Document# P02000018361

Dear Sirs:

The uniform business report for Vanderbilt Beach Imports, Inc. was not received. In accordance with your procedures, enclosed is a reinstatement fee in the amount of \$150.00. Also included is a statement declaring that Daniel E. Maney, President of Vanderbilt Beach Imports, Inc has serious health problems. (i.e. serious eye problems.)

Sincerely,



Daniel E. Maney, President
Vanderbilt Beach Imports, Inc.
704-216-0011



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

BUREAU OF REHABILITATION SERVICES

SMYTH'S CORNER SHOP
77 HAZARD AVENUE • ENFIELD, CONNECTICUT 06082

January 25, 1999

Mr. Bill Duggan, Supervisor
Massachusetts Commission for the Blind
1694 Main Street
Springfield, MA 01103

re: Daniel Maney

Dear Mr. Duggan:

I am writing at this time to refer to your agency Mr. Dan Maney. I had the pleasure of meeting with Dan to begin determining his vocational needs when it appeared he would reside in Connecticut. However, Mr. Maney has chosen to settle in Springfield, Massachusetts and I believe he is an excellent candidate for the vocational rehabilitation services your agency is so well known for. I feel that Dan is fortunate to have the Massachusetts Commission for the Blind office in Springfield and that his and your interactions will be mutually rewarding.

If I can be of any assistance, with Dan's permission, I will be happy to help.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Oliveira".

Robert Oliveira,
Vocational Rehabilitation Counselor

RO/jb

cc: file