PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN -8 AM 11:34

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000070741

REINSTATEMENT 03-04

1. Corporation Name
NELSON-VIDT CONSULTING, INC

2. Principal Office Address	3. Mailing Office Address
1100 PINELLAS BAYWAY	1100 PINELLAS BAYWAY
Suite, Apt. #, etc. #K-2	Suite, Apt. #, etc. #K-2
City & State TIERRA VERDE, FL	City & State TIERRA VERDE, FL
Zip 33715 Country USA	Zip 33715 Country USA

4. Date Incorporated or Qualified To Do Business in Florida JUNE 26, 2002

5. FEI Number 04-3655313 ☐ 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: MICHAEL P NELSON

Street Address (P.O. Box Number is Not Acceptable): 1100 PINELLAS BAYWAY

200026627892
01/09/04--01078--025 **300.00

Suite, Apt. #, etc.: #K-2

City: TIERRA VERDE, ~~FL~~ | State: FL | Zip Code: 33715

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: Michael P Nelson Date: 1/7/04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P/D	MICHAEL P NELSON	1100 PINELLAS BAYWAY	TIERRA VERDE FL 33715
S/D	DOUGLAS B VIDT	4116-G PROVIDENCE RD	CHARLOTTE, NC 28211
T/D	DOUGLAS B VIDT	4116-G PROVIDENCE RD	CHARLOTTE NC 28211

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: Michael P Nelson 1/7/04 917.951.0570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MICHAEL P NELSON