


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

Double

FILED
01 MAY -9 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000045837

1. Corporation Name

ASPEN CONSULTING, INC.

Principal Place of Business

Mailing Address

3220 River Villa Way, #164
Melbourne Beach, FL 32951

3220 River Villa Way, #164
Melbourne Beach, FL 32951

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

3350 S. Highway 1A
Suite, Apt. #, etc.

3350 S. Highway 1A
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

May 11, 1999

5. FEI Number

59-3576125

Applied For

Not Applicable

City & State

Melbourne Beach, FL

City & State

Melbourne Beach, FL

Zip

32951

Country

USA

Zip

32951

Country

USA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CLUCAS, CHRISTOPHER B.	3350 S. Highway 1A	Melbourne Beach, FL 32951
			201.25 - AK 10.00 - ARAR 88.75 - ARS
			600004342506--9 -06/05/01--0199--015 ****300.00 ****300.00 SP

8. Name and Address of Current Registered Agent

FRESE, GARY B.
930 S. Harbor City Blvd., Suite 505
Melbourne, Florida 32901

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date May 3, 2001

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHRISTOPHER B. CLUCAS

5/4/01

321 953 4557

Date

Daytime Phone #

CR2E040 (12/96)