

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000074325

FILED  
Apr 24, 2014  
Secretary of State

**Entity Name:** VANDERBILT INSURANCE GROUP, INC.

**Current Principal Place of Business:**

606 BALD EAGLE DR.  
301  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

606 BALD EAGLE DR.  
301  
MARCO ISLAND, FL 34145

**New Mailing Address:**

**FEI Number:** 65-0945609      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOODWARD, CRAIG R  
606 BALD EAGLE DR., STE 500  
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CRAIG WOODWARD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FORSYTHE, ROBERT W  
Address: 17010 PORTA VECCHIO WAY, #201  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: FORSYTHE, JENNIFER  
Address: 17010 PORTA VECCHIO WAY, #201  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: COX, JOEL M JR.  
Address: 770 SOUTHERN PINE DR.  
City-St-Zip: NAPLES, FL 34103

Title: D  
Name: COX, COLLEEN W  
Address: 770 SOUTHERN PINE DR.  
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER C. FORSYTHE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DIR

04/24/2014

\_\_\_\_\_  
Date