

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUL 13 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *SL60991*

1. Corporation Name

*the Biltmore Group, Incorporated*

2. Principal Office Address

*7645 SAN SEBASTIAN WAY*

Suite, Apt. #, etc.

3. Mailing Office Address

*2316 Pine Ridge Rd #472*

Suite, Apt. #, etc.

City & State

*Naples, FL*

Zip

*34109*

Country

*USA*

City & State

*Naples, FL*

Zip

*34109*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*6/91*

5. FEI Number

☒ 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

*James A. Valerio*

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

*2316 Pine Ridge Rd*

Suite, Apt. #, Etc.

*#472*

City

*Naples*

State  
**FL**

Zip Code

*34109*

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

*James A. Valerio*  
REGISTERED AGENT MUST SIGN

Date *6-17-01*

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
<i>Pres.</i>	<i>James A. Valerio</i>	<i>7645 SAN SEBASTIAN WAY</i>	<i>Naples, FL 34109</i>
<i>D. Pres.</i>	<i>James W. Benoin</i>	<i>7645 SAN SEBASTIAN WAY</i>	<i>Naples, FL 34109</i>
<i>Secy.</i>	<i>T. Meredith Valerio</i>	<i>7645 SAN SEBASTIAN WAY</i>	<i>Naples, FL 34109</i>

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:

*Meredith Valerio*

*Meredith Valerio*

*6-17-01*

*941-593-2077*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (9/00)