

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 01 JUL 13 PM 3:56  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION**

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 Country  
**34109 USA**

**2001 UBB**  
 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**

600004488686-3  
 -07/23/01-01002-012  
 \*\*\*550.00 \*\*\*550.00

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

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 #

CR2E081 (9/00)