

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

16 DEC 19 AM 8:53

DOCUMENT # **F10000001084**

1. Corporation Name

Sitel Services, Inc.

000293424580

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3102 West End Ave.		3102 West End Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
Suite 900		Suite 900	
City & State		City & State	
Nashville, TN		Nashville, TN	
Zip	Country	Zip	Country
37203	USA	37203	USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
applied for qual 3/3/2010

5. FEI Number

27-1403996

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		
CORPORATION SERVICE COMPANY		
Street Address (P.O. Box Number is Not Acceptable)		
1201 HAYS STREET		
Suite, Apt. #, Etc.		
City	State	Zip Code
TALLAHASSEE	FL	32301

**REINSTATEMENT**

2011-2016

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

Courtney Williams, Asst. V.P.

Date 12-19-2016

REGISTERED AGENT MUST SIGN

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
Dir	Dagoberto Quintana	3102 West End Ave, Suite 900	Nashville, TN 37203
Dir	Patrick Tolbert	3102 West End Ave, Suite 900	Nashville, TN 37203
Dir	David Beckman	3102 West End Ave, Suite 900	Nashville, TN 37203
Treas	Neal Miller	3102 West End Ave, Suite 900	Nashville, TN 37203
A. Sec	Paula Walker	3102 West End Ave, Suite 900	Nashville, TN 37203

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/16

Date

6153017302

Daytime Phone #

DEC 19 2016

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 428851 7954329  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 1,500.00

ORDER DATE : December 19, 2016

ORDER TIME : 3:33 PM

ORDER NO. : 428851-005

CUSTOMER NO: 7954329

REINSTATEMENT

NAME: SITEL SERVICES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
X \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
16 DEC 19 PM 4:58  
SUFFICIENCY OF FILING