

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000005907**

1. Corporation Name

SPECTRUM SITE MANAGEMENT CORPORATION

Principal Place of Business

510 BERING DRIVE
SUITE 500
HOUSTON TX 77057
US

Mailing Address

ATTN: CORPORATE SECRETARY
510 BERING DR #500
HOUSTON TX 77057
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1995

5. FEI Number

76-0486448

Applied For

Not Applicable

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	MILLER, TED B JR. REID, DONALD J.	510 BERING DRIVE, SUITE 500	HOUSTON TX 77057
VP	MCCRORY, CRAIG WALLANDER, EDWARD W.	510 BERING DR, #500	HOUSTON TX 77057
CS	HORTON, MICHELLE MORTON	510 BERING DR STE 500	HOUSTON TX 77057
T	MORELAND, BENJAMIN	510 BERING DR #500	HOUSTON TX 77057
D	HAWK, E. BLAKE	510 BERING DR #500	HOUSTON TX 77057
CFO + DIRECTOR	MORELAND, W. BENJAMIN	510 BERING DR, #500	HOUSTON TX 77057

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, hereby certify that I am a resident of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

REINSTATEMENT
Jennifer J. McBurnett
Assistant Secretary

Date 10-23-02

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., 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 OCT 24 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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11/05/02--01028--009 **750.00

CR2E040 (8/02)