

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F98000000293**

1. Corporation Name

SIAA, INC.

Principal Place of Business

69A ISLAND ST.
KEENE NH 03431

Mailing Address

~~PO BOX 8941~~ Suite 5
KEENE NH 03431

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

01/13/1998

5. FEI Number

02-0466476

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DC	MASIELLO, JAMES	69A ISLAND ST. Suite 5	KEENE NH 03431
PD	PAPPAJOHN, NICKOLAS	69A ISLAND ST. Suite 5	KEENE NH 03431
SD Sec	GOODNOW, JOHN S Ronald D. Smith	69A ISLAND ST. Suite 5	KEENE NH 03431
VCFO	SMITH, RONALD	69A ISLAND ST. Suite 5	KEENE NH 03431
TD	MASIELLO, CHRISTOPHER	69A ISLAND ST. Suite 5	KEENE NH 03431
S	GOODNOW, JOHN S	45 ROXBURY ST.	KEENE NH 03431 <i>10/29</i>

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 000003833540-0
-11/03/99--01036--001
City *****7501 FL *****7501.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Vicky Goldstein

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 10-19-99

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:

Ronald D. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-99
Date

603-358-3188
Daytime Phone #

CR22040 (1/99)