


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 01 SEP 14 AM 10:50	
DOCUMENT # K69029					
1. Corporation Name SITE EQUITY REALTY CORPORATION					
2. Principal Office Address 1360 E. Venice Av Suite, Apt. #, etc. City & State Venice, FL Zip 34292		3. Mailing Office Address same Suite, Apt. #, etc. City & State City & State Zip Country		REINSTATEMENT 7-01	
				4. Date Incorporated or Qualified To Do Business in Florida 2/27/89 SP	
				5. FEI Number 65-0115323 Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>Stephen K. Boone</u> <u>300004617223-2</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>1001 Avenida del Circo</u> <u>-10/01/01-01020-080</u>					
Suite, Apt. #, Etc. <u>***1350.00 ***1350.00</u>					
City <u>Venice</u> State <u>FL</u> Zip Code <u>34285</u>					
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 <u>[Signature]</u> Date <u>8/17/01</u>					
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		
P/S/T Dir	David W. Shoemaker	1360 E. Venice Av	Venice, FL 34292		
VP	Ann M. Zeilman	1360 E. Venice Av	Venice, FL 34292		
VP	Bradford Baker	1360 E. Venice Av	Venice, FL 34292		
VP	Katherine P. Shoemaker	1360 E. Venice Av	Venice, FL 34292		
VP	Paul Moseley	1360 E. Venice Av	Venice FL 34292		
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: <u>[Signature]</u> Date <u>8/6/01</u> Daytime Phone #					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					