

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

DIVISION OF CORPORATIONS

FILED

03 DEC -1 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000001244

Name and Mailing Address

0009498 01 AT 0.292 **AUTO T5 1 0615 33618-280814



SITE-CAM, LLC

13014 N. DALE MABRY STE 198

TAMPA FL 33618-2808



2. New Mailing Address

4. State/Country of Formation

FL

City, State, Zip

5. Date Organized or Qualified
To Do Business in Florida

01/31/2000

Principal Place of Business

13014 N. DALE MABRY STE 198
TAMPA FL 33618

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

59-3617693

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

THOMPSON, JEFFREY D
13014 N. DALE MABRY STE 198
TAMPA FL 33618

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/21/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	THOMPSON, JEFF	13014 N. DALE MABRY STE 198	TAMPA FL 33618

300025086843
12/01/03--01011--022 **155.00

REINSTATEMENT

2003

12/8 ust

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]
SIGNATURE REQUIRED

Date 11/21/03

Daytime Phone # 813-205-1602

Typed or printed name of signing Managing Member/Manager