

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
DIVISION OF CORPORATIONS

02 JAN 29 PM 4:00

DOCUMENT # P00000010123

1. Corporation Name

Siesta Acquisition Corporation

2. Principal Office Address

1681 Bonita Lane

Suite, Apt. #, etc.

City & State

Sarasota, Fla.

Zip

34239

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

REINSTATEMENT *D1*

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/31/2000

5. FEI Number

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

Lloyd E. Slater

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

1681 Bonita Lane

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34239

000004915240-8
-02/13/02--01065-010
*****820.00 *****820.00

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

L E Slater

Date

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&D	Lloyd E. Slater	1681 Bonita Lane	Sarasota Fla 34239

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:

L E Slater

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/14/02

Daytime Phone #

CR2E081 (9/01)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation : Siesta Acquisition Corporation
2. The mailing address of the corporation : 1681 Bonita Lane
Sarasota Fla. 34239
3. Date of incorporation/qualification: 01/31/2000 Document number: PO0000010123
4. The name and address of the current registered agent and office:
Cliff Wildes
677 N. Washington Blvd #50
Sarasota Fla 34236
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
Lloyd E. Slater
1681 Bonita Lane
Sarasota Fla. 34239

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

01/14/02
(Date)

Lloyd E. Slater, Pres.
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

01/14/02
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** * * FILING FEE: \$35.00 * * ***

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Cliff Wildes
(Name of registered agent)

hereby resigns as Registered Agent for Siesta Acquisition Corporation
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of resigning agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**