

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000057418

1. Corporation Name

FOR SITE DEVELOPMENT CORP.

Principal Place of Business

810 SATURN STREET, STE. 22  
TEQUESTA FL 33477

Mailing Address

810 SATURN STREET, STE. 22  
TEQUESTA FL 33477

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

06/14/2000

5. FEI Number

65-1018104

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
D	HICKEY, THOMAS	810 SATURN STREET, STE. 22	TEQUESTA FL 33477
D	TORRIERO, DON	810 SATURN STREET, STE. 22	TEQUESTA FL 33477
D	PANETTA, RICHARD	810 SATURN STREET, STE. 22	TEQUESTA FL 33477

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10/29/02--01042--014 \*\*750.00

8. Name and Address of Current Registered Agent

HICKEY, THOMAS

810 SATURN STREET, STE. 22  
TEQUESTA FL 33477

9. Name and Address of New Registered Agent

Name

Richard Panetta

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

810 Saturn ST. Ste 22

Suite, Apt. #, Etc.

Ste 22

City

Jupiter

State

FL

Zip Code

33477

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date

10/24/02

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/02

CR2040 (8/02)