

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 13 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000079969*

1. Corporation Name

*SITE SOLUTIONS OF NORTHEAST FLORIDA, INC.*

2. Principal Office Address

*1073 Culpepper Rd.*

Suite, Apt. #, etc.

City & State

*Green Cove Springs, FL*

Zip

*32043*

Country

*USA*

3. Mailing Office Address

*1073 Culpepper Rd.*

Suite, Apt. #, etc.

City & State

*GREEN COVE SPRINGS, FL*

Zip

*32043*

Country

*USA*

REINSTATEMENT *03-04*

4. Date Incorporated or Qualified  
To Do Business in Florida

*07/23/2002*

5. FEI Number

*14-1838655*

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

*RICHARD B. WILLIS*

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

*1073 CULPEPPER Rd.*

Suite, Apt. #, Etc.

City

*GREEN COVE SPRINGS,*

State  
*FL*

Zip Code  
*32043*

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

*Richard B. Willis*

REGISTERED AGENT MUST SIGN

Date

*11/16/04*

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
<i>P</i>	<i>RICHARD B. WILLIS</i>	<i>1073 Culpepper Rd.</i>	<i>GREEN COVE SPRINGS FL 32043</i>
<i>VP/TR</i>	<i>GARY W. SNEAD</i>	<i>8125 Colee Cove Rd.</i>	<i>ST. AUGUSTINE, FL 32092</i>
<i>S</i>	<i>ROB R. GILL</i>	<i>5252 CR. 209 S.</i>	<i>GREEN COVE SPRINGS, FL 32043</i>

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:

*Richard B. Willis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*11/16/04*

Daytime Phone #

*904-669-3572*

CR2081 (01/04)

November 16, 2004

Florida Dept. of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

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Dear Sirs:

This letter is being sent to accompany our application for reinstatement for Site Solutions of Northeast Florida, Inc. Doc. #P02000079969. ~~The corporation was never in receipt~~ of any previous Uniform Business Report Notices. Enclosed you will find \$308.75 for reinstatement plus certificate of status. Thank you for your cooperation in this matter.

Respectfully,



Richard B. Willis,  
Registered Agent/President

Site Solutions of Northeast Florida, Inc.  
1073 Culpepper Road  
PO Box 1165  
Green Cove Springs, FL 32043  
904-284-2600  
904-284-0500 fax