

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 13 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD2050101051

1. Corporation Name

NEW SOUTH SITE, INC.

2. Principal Office Address

4106 US HWY 41 N

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 1057

Suite, Apt. #, etc.

City & State

PALMETTO

City & State

PALMETTO

Zip

34220

Country

MANATEE

Zip

34221

Country

MANATEE

100037292571
05/25/04--01052--008 **300.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida 9-18-2002

5. FEI Number

37-1442282

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
JANET MAYS

Street Address (P.O. Box Number is Not Acceptable)
310 13TH ST W

Suite, Apt. #, Etc.

City
BRADENTON

State
FL

Zip Code
34205

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

Janet Mays
REGISTERED AGENT MUST SIGN

Date 5/7/2004

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
D,P	TIMOTHY HATTAWAY	4106 US HWY 41 N	PALMETTO, FL 34221
D,VP,S	KEVIN LAMBRECHT	4106 US HWY 41 N	PALMETTO, FL 34221

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:

Tim L. Hattaway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/2004
Date

941-812-6452
Daytime Phone #

2082

New South Site, Inc.

**4106 US Highway 41 N
Palmetto, FL 34221
(941) 812-6452**

April 27, 2004

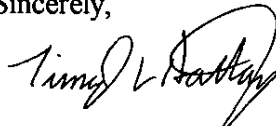
Florida Secretary of State
Tallahassee, FL

Dear Sirs:

Enclosed for filing is an application for reinstatement, together with a check for reinstatement. I am requesting that the reinstatement fee be waived because I did not receive the annual report for renewal.

Thank you.

Sincerely,



Timothy Hattaway
President

enclosures