## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000157405

Entity Name: SITA, INC.

FILED May 25, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
634 RIVERSIDE DRIVE TARPON SPRINGS, FL 34689						
Current Ma	ailing Address	s:	New Maili	New Mailing Address:		
634 RIVERSIDE DRIVE TARPON SPRINGS, FL 34689				33963 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684		
FEI Number:	92-0183837	FEI Number Applied For ( )	I Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LINTON, FLORA B 754 BAYSHORE DRIVE TARPON SPRINGS, FL 34688 US						
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE: FLORA B. LINTON						
	Electroni	ic Signature of Registered Agent			Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).						
	AND DIRECT	` ,	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () LINTON, FLORA 754 BAYSHORE TARPON SPRIN	DRIVE	Title: Name: Address: City-St-Zip:	PD (X) LINTON, FLORA 754 BAYSHORE TARPON SPRIN	DRIVE	
Title: Name: Address: City-St-Zip:	SD () LINTON, MICHAI 754 BAYSHORE TARPON SPRIN	DRIVE	Title: Name: Address: City-St-Zip:	SD (X) LINTON, MICHAE 754 BAYSHORE TARPON SPRING	DRIVE	
Title: Name: Address: City-St-Zip:	VD () KARAPHILLIS, E 634 RIVERSIDE TARPON SPRIN	DRIVE	Title: Name: Address: City-St-Zip:	( )(	Change ()Addition	
Title: Name: Address: City-St-Zip:	TD () KARAPHILLIS, T 634 RIVERSIDE TARPON SPRIN	DRIVE	Title: Name: Address: City-St-Zip:	( )(	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORA B. LINTON PD 05/25/2005