

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **05000077044**

1. Corporation Name

Site1 Technology Consultants Corp.

2. Principal Office Address - No P.O. Box #

3618 Angelina Lane

Suite, Apt. #, etc.

City & State

Stockton CA.

Zip

95212

Country

USA

3. Mailing Office Address

3618 Angelina Lane

Suite, Apt. #, etc.

City & State

Stockton CA.

Zip

95212

Country

USA

7. Name and Address of Current Registered Agent

Name

Marco Callejas

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

3900 Lakeside Reserve Lane

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32810

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

MARCO CALLEJAS
REGISTERED AGENT MUST SIGN

Date **8/15/09**

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	Jerry Pablico	3618 Angelina Lane	Stockton Ca. 95212

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 contained in Chapter 119, 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:

JERRY PABLICO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/09
Date

831-277-9969
Daytime Phone #

FILED

09 AUG 19 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **06-09**

700159738227

08/19/09--01037--023 **600.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/2005

5. FEI Number
20-294-4694

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

700159738227

08/19/09--01037--024 **8.75

8/20