

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08000108316

1. Corporation Name

SITE TECH SERVICES, INC.

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

8225 BAXTER POINT RD. NORTH

Suite, Apt. #, etc.

3. Mailing Office Address

8225 BAXTER POINT RD. NORTH

Suite, Apt. #, etc.

City & State

MIMS, FL

Zip

32754

Country

USA

City & State

MIMS, FL

Zip

32754

Country

USA

7. Name and Address of Current Registered Agent

Name

JAMES J. PARTLOW, ESQUIRE

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

1001 HEATHROW PARK LANE

Suite, Apt. #, Etc.

SUITE 4001

City

LAKE MARY

State

FL

Zip Code

32746

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of

Registered Agent

[Signature]

Date

11/20/09

REGISTERED AGENT MUST SIGN

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
PTD	SINGLETARY, CHRIS	8225 BAXTER POINT RD. NORTH	MIMS, FL 32754
VSD	LAYTON, EDWARD	8225 BAXTER POINT RD. NORTH	MIMS, FL 32754

10. E-mail Address: JJPARTLOW@STENSTROM.COM

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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

11-20-09

Date

407 488 2296
Daytime Phone

FILED

09 NOV 30 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700163182907
11/30/09--01043--003 **150.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/2008

5. FEI Number

☐ 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.