


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  96 DEC -9 AM 10: 52  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>95000037126</u> 1 Corporation Name <b>SITE TECH INCORPORATED</b>				<b>REINSTATEMENT</b> <i>96</i>	
Principal Place of Business <b>330 North Broad St Suite E Thomasville, Georgia 31792</b>		Mailing Address <b>P.O. Box 1041 Thomasville, Georgia 31799</b>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2 New Principal Office Address, If Applicable <b>330 North Broad Street Suite, Apt. #, etc Suite E City &amp; State Thomasville, Georgia Zip 31792</b>		3. New Mailing Address, If Applicable <b>P.O. Box 1041 Suite, Apt. #, etc. City &amp; State Thomasville, Georgia Zip 31799</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>5-10-95</b>  5. FEI Number <b>59-3333874</b>  6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	
7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
Pres.	David J. Hughes	904 Gordon Avenue	Thomasville, Georgia 31792		
V.P.	David W. Hughes	9919 Waters Meet Drive	Tallahassee, Florida 32312		
Sec/Tres.	Lauchlin M. Rozier	780 Egg & Butter Road	Thomasville, Georgia 31792		
			000002025620--2 -12/11/96--01023--008 *****388.75 *****388.75 <i>JB12-D-96</i>		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Etc.		
			City	State	Zip Code
			Tallahassee FL 32301		
10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent <i>[Signature]</i> REGISTERED AGENT MUST SIGN		Date <u>12/6/96</u>			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>[Signature]</i> David J. Hughes SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		11/22/96 Date		(912) 227-9790 Daytime Phone #	

CR2E40 (12/95)