

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000084248**

1. Corporation Name

**MASTER SITE DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

215 OLD SANFORD OVIEDO RD  
WINTER SPRINGS FL 32708  
US

215 OLD SANFORD OVIEDO RD  
WINTER SPRINGS FL 32708  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

P.O. Box 196877

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Springs, FL

Zip

Country

Zip

32719

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/02/1995

5. FEI Number

59-3341677

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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	City / State / Zip
D	FORTNER, JIMMIE M	908 EAST GREENTREE LANE 4845 Citrus Oak Lane	LAKE MARY FL 32746 St. Cloud, FL 34771
D	FORTNER, ROBERT M	3712 HEATHERINGTON RD	ORLANDO FL 32808
D	WHITE, SAMUEL W	1985 MUSTANG COURT	ST. CLOUD FL 34771
			100003434311--0 -10/23/00--01005--014 ***750.00 ***750.00 10/10/18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FORTNER, JIMMIE M  
308 EAST-GREENTREET-LANE  
LAKE MARY FL 32746

Name

Jimmie M. Fortner

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

4845 Citrus Oak Lane

Suite, Apt. #, Etc.

City

St. Cloud

State

FL

Zip Code

34771

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/11/2000

11. 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:

SIGNATURE REQUIRED Jimmie Fortner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/2000

Daytime Phone #

407 327-6444

CR2E040 (8/00)