

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 OCT -1 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000048728

**1. Corporation Name**

WIRELESS SITE SPECIALISTS, INC.

**2. Principal Office Address**

1857 STATE ROAD 20

Suite, Apt. #, etc.

#109

City & State

HAWTHORNE, FL

Zip

32640

Country

USA

**3. Mailing Office Address**

1857 STATE ROAD 20

Suite, Apt. #, etc.

#109

City & State

HAWTHORNE, FL

Zip

32640

Country

USA

**REINSTATEMENT** 97-04

**4. Date Incorporated or Qualified**  
To Do Business in Florida

6/7/96

**5. FEI Number**

65-0674499

Applied For

Not-Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

PAUL SCARPELLO

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

1857 STATE ROAD 20

Suite, Apt. #, Etc.

#109

City

HAWTHORNE,

State

FL

Zip Code

32640

**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

*Paul Scarpell*

REGISTERED AGENT MUST SIGN

Date 9-20-04

**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	PAUL SCARPELLO	1857 STATE ROAD 20, #109	HAWTHORNE, FL 32640

**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 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:**

*Paul Scarpell*

PAUL SCARPELLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-20-04

Date

352-481-5224

Daytime Phone #

CR2E081 (01/04)