

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

192

~~CORPORATION~~
~~REINSTATEMENT~~



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

01 OCT 26 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000003405

1. Corporation Name

SITE LOCATIONS REAL ESTATE, INC.

400004658204--1
-10/30/01--01005--007
****150.00 ****150.00

2. Principal Office Address

985 SO. Kirkman Rd

Suite, Apt. #, etc.

#6

City & State

ORLANDO FL

Zip

Country

USA

3. Mailing Office Address

P.O. Box 616100

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

Country

32811

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/00 90021 019 9/50
1/13/97

5. FEI Number

59-3419535

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

JEFF WALLACE

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

985 SO. Kirkman Rd.

Suite, Apt. #, Etc.

6

City

ORLANDO

State
FL

Zip Code

32811

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

Jeff Wallace
REGISTERED AGENT MUST SIGN

Date

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
JEFF WALLACE, PRES.	985 SO. Kirkman Rd. #6	ORLANDO, FL 32811	

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:

Jeff Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFF WALLACE
PRESIDENT

10/26/01 407-521-5881
Date Daytime Phone #

CR2E081 (9/00)

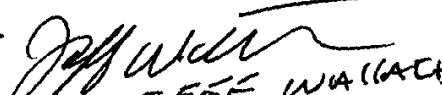
10/26/01

TO WHOM IT MAY CONCERN:

292

I, THE UNDERSIGNED, JEFF
WALLACE, PRESIDENT, SITE LOCATIONS
REAL ESTATE, INC. KENTUCKY STATE

THAT I PAID ALL FEES
(\$150) IN MAY OF LAST
YEAR TO KEEP MY CORPORATION
ACTIVE AND HAVE RECEIVED
NO NOTICE SINCE.

I AM HEREBY REQUESTING,
AS per my conversation
yesterday with TYNORE SCOTT,
THAT MY CORPORATION BE
REINSTATED AS OF TODAY'S
DATE AND ATTACH CHECK #
ON SITE LOCATIONS REAL ESTATE
ACCOUNT AS PAYMENT FOR FULL
IN THE AMOUNT OF \$150.00. 
JEFF WALLACE