

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000003405**

1. Corporation Name

**Site LOCATIONS REAL ESTATE,
INC.**

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

4854 LAKES EDGE LN.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

Zip

34744

Country

OSCEOLA

Zip

Country

7. Name and Address of Current Registered Agent

Name

JEFF WALLACE

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

4854 LAKES EDGE LN

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34744

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 **5/16/10**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

TITLE	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JEFF WALLACE	4854 LAKES EDGE LN	KISSIMMEE, FL
SEC	JEFF WALLACE	4854 LAKES EDGE LN	34744
			KISSIMMEE, FL
			34744

10. E-mail Address: **JWALLACE@ACES-FLA-OL.COM**

(To be used for future annual report notification)

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. 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:

JEFF WALLACE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/24/10

Daytime Phone #

FILED

10 MAY 25 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800181388028

05/26/10--01007--010 **1000.00

REINSTATEMENT 02-10
CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1/13/97

5. FEI Number

593419535

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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.

800181388028

05/26/10--01007--009 **350.00