

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
200046R
DIVISION OF CORPORATIONS

DOCUMENT # P97000069410

1. Corporation Name

PRIMESITE CONSULTING GROUP, INC.

Principal Place of Business

Mailing Address

10914 NORTH 56TH STREET
TAMPA FL 33617

10914 NORTH 56TH STREET
TAMPA FL 33617

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

11502 North 56th St.

11502 North 56th St.

Tampa, FL

Tampa, FL

33617

33617

USA

USA

4. Date Incorporated or Qualified To Do Business in Florida

08/11/1997

5. FEI Number

59-3462469

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BERNARDO, C A JR	502 CAROLYN STREET	TAMPA FL 33617
D	Bernardo, CA Jr	6317 S. Queensway Drive 11502 N 56th	Tampa, FL 33617

400003434514-6
-10/23/00--01018--010
***550.00 ***550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERNARD, CHARLES A JR
10914 NORTH 56TH STREET
TAMPA FL 33617

Name Bernardo, Charles A. Jr.
Street Address (P.O. Box Number is Not Acceptable)
6317 S. Queensway Drive
Suite, Apt. #, Etc.
City Tampa
State FL
Zip Code 33617

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

Charles A. Bernardo

Date 10/12/00

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/12/00

813-985-9365

Daytime Phone #

Daytime Phone #

CR2040 (800)