PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 DEC 20 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000085913

1. Corporation Name
Site.inc dba Bayou A Poboy

2. Principal Office Address	3. Mailing Office Address
2554 Gulf Breeze Pkwy	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gulf Breeze FL	City & State:
Zip: 32563 Country: Santa Rosa	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: Sept 1997

5. FEI Number: 59-3475-910 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: Chad Bonnet

Street Address (P.O. Box Number is Not Acceptable): 4780 Kitty Hawk Cir

Suite, Apt. #, Etc.:

City: Gulf Breeze — State: FL — Zip Code: 32563

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-12/24/01--01002-021
****160.00 ****60.00

8. I, having appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Chad Bonnet — Date: 12/17/1
REGISTERED AGENT MUST SIGN

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
Pres ~~Owner~~	Chad Bonnet	4780 Kitty Hawk Cir	Gulf Breeze FL 32563

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: Chad Bonnet — 12/17/1 — 850/6-900 3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #