

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 FEB 27 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000019902

1. Corporation Name

SITE PLUS, INC.

Principal Place of Business

Mailing Address

150133RD AVENUE SUITE 301
MADEIRA BEACH FL 33708

150133RD AVENUE SUITE 301
MADEIRA BEACH FL 33708



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

09-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

3215 FAIRFIELD AV S# B

PO BOX 8807

74-2943531

Not Applicable

City & State
ST PETERSBURG FL

City & State
MADEIRA BEACH FL

Zip
33712

Country
UGA

Zip
33738

Country
USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
AD	QUIN, JAMES	1245 TEMPLE COURT NORTH 165 112TH AV B	SEMINOLE COUNTY TREASURE ISLAND FL 33706
AD	QUIN, SHARON	1245 TEMPLE COURT NORTH	SEMINOLE COUNTY TREASURE ISLAND FL 33706
AD	JAMES QUIN	165 112TH AVE B #3	TREASURE ISLAND FL 33706
			300003802293-2 -03/06/01--01051--037 ***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

QUIN, JAMES
150133RD AVENUE, SUITE 301
MADEIRA BEACH FL 33708

Name

JAMES QUIN

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

165 112TH AV B

Suite, Apt. #, Etc.

#3

City

TREASURE ISLAND

State

FL

Zip Code

33706

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

2/20/01

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 REQUIRED
JAMES QUIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01
Date

727-368-2644
Daytime Phone #

CR2ED40 (8/99)