

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY -7 AM 11:46

DOCUMENT #

P98000019902  
SITE PLUS, INC

1. Corporation Name

2. Principal Office Address

10700 GANDY BLVD

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

Zip

33702

Country

PINELLAS

3. Mailing Office Address

10700 GANDY BLVD

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

Zip

33702

Country

PINELLAS

REINSTATEMENT

02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

2-27-1998

5. FEI Number

74294353

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

Scott T. Orsini

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

5340 Central Ave.

Suite, Apt. #, Etc.

City

St. Petersburg

State  
FL

Zip Code

33707

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

5-1-03

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
PD	JAMES QUIN	10700 GANDY BLVD	ST. PETERSBURG FL 33702

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:

*James Quin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03  
Date

727-577-7945  
Daytime Phone #

CR2E001 (10/02)

AD