

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000023908

1. Corporation Name

SITA RESORTS, INC.

Principal Place of Business

8134 INTERNATIONAL DR.  
ORLANDO FL 32819  
US

Mailing Address

~~1733 CONNECTICUT AVENUE NW~~  
~~WASHINGTON DC 20009~~  
US



REINSTATEMENT

03

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

1776 Eye Street, NW

Suite, Apt. #, etc.

9th Floor, Suite 965

City & State

Washington, DC

Zip

20006

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/05/1998

5. FEI Number

59-3500785

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
P	MULLEN, STEVE	2855 WOOD ST., SUITE 208	SARASOTA FL 34237
TS	MULLEN, GRANT	2855 WOOD ST., SUITE 208	SARASOTA FL 34237
PSD	FLEMING, W. THOMAS	1733 CONNECTICUT AVENUE NW	WASHINGTON DC 20009

700024340107  
10/31/03 01084 017 \*\*750.00

8. Name and Address of Current Registered Agent

GATTON, ROBERT D  
C/O BROAD & CASSEL  
390 NORTH ORANGE AVENUE SUITE 1100  
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/29/2003

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

W THOMAS FLEMING

10/21/03 2027561308  
Date Daytime Phone #

CR2E040 (7/03)