
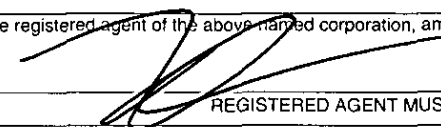


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 00 JAN 31 PM 3:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>98000029196</u>					
1. Corporation Name <p style="text-align: center;">SiteControl Management, Inc.</p>					
Principal Place of Business		Mailing Address			
2937 Kerry Forest Pkwy., Suite A-1		Tallahassee, FL 32308			
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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3/30/98	
City & State		City & State		5. FEI Number	
				59-3508857	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED	
				<input type="checkbox"/> <del>STATE</del> <input type="checkbox"/> <del>FEDERAL</del>	
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip		
P	Richard S. Noles	2937 Kerry Forest Pkwy. Suite A-1	Tallahassee, FL 32308		
V	Bradley S. Harvell	2937 Kerry Forest Pkwy. Suite A-1	Tallahassee, FL 32308		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
Timothy D. Padget, Esq. 701 E. Tennessee St. Tallahassee, FL 32308		Name <b>Frank E. Sheffield, P. A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>906 Thomasville Rd.</b> Suite, Apt. #, Etc.  City <b>Tallahassee</b>			
		State		Zip Code	
		FL		32303	
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				Date <u>1-28-2000</u>	
		REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: <u>Richard S. Noles</u>		1-28-00		850-894-8245	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	