

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB 28 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000020360

1. Corporation Name

Consolidated Site Services, Inc.

2. Principal Office Address

504 S Main St

Suite, Apt. #, etc.

3. Mailing Office Address

504 S Main St

Suite, Apt. #, etc.

City & State

Wildwood, FL

Zip

34785

Country

Sumter

City & State

Wildwood, FL

Zip

34785

Country

Sumter

4. Date Incorporated or Qualified
To Do Business in Florida

3-4-1999

5. FEI Number

59-3589632

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

Eddie Esch

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

10934 N. C-475

Suite, Apt. #, Etc.

900003818499-1

-03/08/01-01028-023

****300.00 ****300.00

City

Oxford

State

FL

Zip Code

34484

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]

Date 2/27/01

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
President	Eddie Esch	10934 N. C-475	Oxford, FL 34484
Sec/Treas.	Annette Esch	10934 N. C-475	Oxford, FL 34484

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/27/01

Daytime Phone #

CR2E081 (9/00)

CSSI

Consolidated Site Services, Inc.

February 27, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Re-instatement of 59-3559632

Recently our Accountant instructed me to send him a copy of last year's Annual Report. Upon investigation I found that it had not been filed. When I called on Feb. 20, 2001 we were told that our Corporation had been dissolved and that I would have to re-instate it. I was also given the address which the report was sent to. It was an incorrect address and the woman I spoke with said that it was documented in your files that the report had been sent back to you as undelivered.

I would like to make sure you have the correct address it is:
504 S. Main St
Wildwood, FL 34785

Since there was a mix up with the address, I respectfully request that you waive all fines and penalties. I have enclosed payment for last year's Annual Report and for this year's totaling \$300.00.

Thank you,

Annette Esch

Annette Esch