

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP -4 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA9000035370

1. Corporation Name

Southern Site Developers Inc.

2. Principal Office Address

7625 Brookline St.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

Zip

33544

Country

USA

City & State

Zip

Country

REINSTATEMENT 02-03

000022740090

09/04/03--01005--008 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida

4/10/99

5. FEI Number

593577205

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

Brenda L. Eads

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

7625 Brookline St.

Suite, Apt. #, Etc.

City

Wesley Chapel, FL

State

FL

Zip Code

33544

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

Brenda L. Eads

REGISTERED AGENT MUST SIGN

Date

8/26/03

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
D	Jimmie D. Eads	7625 Brookline St.	Wesley Chapel, FL 33544
P	Jimmie R. Eads	12402 Queensland Ln.	Tampa, FL 33625
W/rls	Brenda L. Eads	7625 Brookline St.	Wesley Chapel, FL 33544

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:

Brenda L. Eads - Brenda L. Eads

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/26/03

Daytime Phone #

727/567-1225

CR2E081 (10/02)

7/9/04