

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000055825

1. Corporation Name

ADULT SITE SERVICES, INC.

00 OCT 20 PM 4:05

Principal Place of Business

Mailing Address

1320 9TH AVE STE 210
TAMPA FL 33605

1320 9TH AVE STE 210
TAMPA FL 33605



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

06/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2588816

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres.	George Dreher	2013 TIMBERFALL CIRCLE	VALERIO, FL. 33594
V. Pres.	Carol Aubertus	900 W. GOLF BLVD.	TREASURE ISLAND, FL. 33706

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCGUCKEN, KAY J
1320 9TH AVE STE 210
TAMPA FL 33605

Name

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

Suite, Apt. #, Etc.

City

State

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.

Signature of
Registered Agent

Kay J. McGucken
REGISTERED AGENT MUST SIGN

Date

10/17/00

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:

George Dreher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-00
Date

(813) 464-9412
Daytime Phone #

To Whom It May Concern:

Please find enclosed my Notice Of Administrative Dissolution Or Revocation.

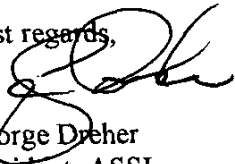
Here's the problem: I never received any notice regarding the fees due to maintain the above corporation. As you may, or may not know, we have had serious problems with mail delivery in the Ybor City area since the fire last April that destroyed our post office. My business lost all mail in the fire as well as many of the others located here.

The address listed for corporate mail is the office of my attorney. This is the first document, which was received late last week, they have received regarding any notification of reinstatement for the corporation. I am therefore asking that the penalty fee be waived due non-receipt of any mail in reference to this document. This was a shock and a surprise.

I called your office to speak to someone about this and was told to send this letter with a check in the amount of \$150.00. I can swear to you, without a doubt, that nothing had been previously received.

I ask you to please reconsider due to the aforementioned situation which has been a nightmare..

Best regards,



George Dreher
President, ASSI

CORPORATE OFFICES: P.O. Box 75643 • Tampa, FL 33675-0643

Phone: 813-657-2472

Fax: 813-657-0932

Email: info@asshost.com

www.asshost.com