

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 JAN -2 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000064053

1. Corporation Name

ON-SITE PLANNING & PERMIT SERVICES, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 2301
RIVERVIEW FL 33569

POST OFFICE BOX 2301
RIVERVIEW FL 33569



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

07/12/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3591108

Applied For

Not Applicable

City & State

City & State

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
D	ALFONSO, PETER W	POST OFFICE BOX 2301 N/A	RIVERVIEW FL 33569
D	ALFONSO, MARCIA	POST OFFICE BOX 2301 N/A	RIVERVIEW FL 33569
			900003532599--3 -01/11/01--01041--005 ****750.00 ****750.00
			TS
			REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OHALL, CARL J
305 S. BREVARD AVENUE
SUITE 1
TAMPA FL 33606

Name

STEPHEN G. CONNETT

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

111 E. MASON ST

Suite, Apt. #, Etc.

City

BRANDON

State

FL

Zip Code

33517

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11-28-2000

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/00
Date

813-651-0755
Daytime Phone #

CR2E040 (9/00)