

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 22 PM 12:38

DOCUMENT # P99000109469

1. Corporation Name

COMMUNICATION SITE SERVICES, INC.

Principal Place of Business

Mailing Address

ONE TOWN CENTER ROAD, 3RD FLOOR  
BOCA RATON FL 33486

ONE TOWN CENTER ROAD, 3RD FLOOR  
BOCA RATON FL 33486



REINSTATEMENT 078

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

12/17/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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
	Please see attached Exhibit "A".		
			9000003514499--8 -12/27/00--01063--023 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DRIVE  
SUITE 500 EAST  
WEST PALM BEACH FL 33401

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

*Lynette Coleman*  
Lynette Coleman  
as its agent

Date

11/10/00

REGISTERED AGENT MUST SIGN

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:

*Jeffrey O. Hays*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-21-00

Daytime Phone #

561-995-7670

**EXHIBIT "A"**

**DIRECTORS AND OFFICERS OF COMMUNICATION SITE SERVICES, INC.**

<b>Name</b>	<b>Address</b>	<b>Title</b>
Steven E. Bernstein	One Town Center Road Third Floor Boca Raton, FL 33486	President Chief Executive Officer <b>Director</b>
Ronald G. Bizick II	One Town Center Road Third Floor Boca Raton, FL 33486	Executive Vice President <b>Director</b>
Robert M. Grobstein	One Town Center Road Third Floor Boca Raton, FL 33486	Senior Vice President Chief Accounting Officer Treasurer/Assistant Secretary
Jeffrey A. Stoops	One Town Center Road Third Floor Boca Raton, FL 33486	Senior Vice President Chief Financial Officer Secretary <b>Director</b>