

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 682338

1. Corporation Name

SISTENSA CORPORATION

FILED

01 JAN 17 AM 11:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

13899 BISCAYNE BLVD
~~#103~~ **#110**
N. MIAMI BEACH 33181
US

13899 BISCAYNE BLVD
~~#103~~ **#110**
N. MIAMI BEACH FL 33181
US

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

Suite, Apt. #, etc.

#110

Suite, Apt. #, etc.

#110

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

[Handwritten signature]

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/1980

5. FEI Number

59-2040273

Applied For

Not Applicable

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 |
|---------------|---|--|--|
| P | GONZALEZ, EFRAIN | 4942 LE JENNE RD | CORAL GABLES FL |
| VPS | GONZALEZ, ANA | 4942 LEJENNE RD | CORAL GABLES FL |
| VP | MORCHAIN, DANIEL | 4942 LEJEUNE RD | CORAL GABLES FL |
| | | | 300003582843--0 01/26/01 01159 004 ****750.00 ****750.00 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, ANA I

~~13647 DEERING BAY DR~~

~~#112~~

CORAL GABLES FL 33158

Name

EFRAIN GONZALEZ

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

13899 BISCAYNE BLVD

Suite, Apt. #, Etc.

SUITE # 110

City

N. MIAMI BEACH

State

FL

Zip Code

33181

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date **01/10/01**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EFRAIN GONZALEZ
PRESIDENT

Date

01/10/01 305-9492333

Daytime Phone #

KE