

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000005560

Entity Name: SISCORP, INC.

FILED
Jan 06, 2007
Secretary of State

Current Principal Place of Business:

3490 MARSHA LANE
VERO BEACH, FL 32967

New Principal Place of Business:

4800 HWY A1A #508
VERO BEACH, FL 32963

Current Mailing Address:

3490 MARSHA LANE
VERO BEACH, FL 32967

New Mailing Address:

4800 HWY A1A #508
VERO BEACH, FL 32963

FEI Number: 02-0411057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOTTES, JUDITH P
3490 MARSHA LANE
VERO BEACH, FL 32967 US

Name and Address of New Registered Agent:

SHOTTES, JUDITH P
4800 HWY A1A #508
VERO BEACH, FL 32963 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JUDITH P SHOTTES

01/06/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SHOTTES, FRANCIS R
Address: 3490 MARSHA LANE
City-St-Zip: VERO BEACH, FL 32967

Title: DST () Delete
Name: SHOTTES, JUDITH P
Address: 3490 MARSHA LANE
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: SHOTTES, FRANCIS R
Address: 4800 HWY A1A #508
City-St-Zip: VERO BEACH, FL 32963

Title: DST (X) Change () Addition
Name: SHOTTES, JUDITH P
Address: 4800 HWY A1A #508
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH P SHOTTES

DST

01/06/2007

Electronic Signature of Signing Officer or Director

Date