

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000001408

1. Corporation Name

SISTUHS

2. Principal Office Address
P.O. Box 20194

3. Mailing Office Address
Same as in #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33622-0194

USA

05 DEC -2 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

2-2-2000

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Jazmyn Alston, Director of Finance and Budget

Street Address (P.O. Box Number is Not Acceptable)
1833 Halstead Blvd.

Suite, Apt. #, Etc.
Apt. #1216

City

Tallahassee

State

FL

Zip Code

32309

0000061870170
12/02/05--01051--013 **245.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date November 28, 2005

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Cilicia Prince, Directress	11007 Wingate Drive	Tampa, FL 33624
D	Crystal James, Assistant Directress of Policy	828 W. Carolina St. Apt. #1	Tallahassee, FL 32304
D	Jazmyn Alston, Director of Finance & Budget	1833 Halstead Blvd. Apt. #1216	Tallahassee, FL 32309
D	Sheika Williford, Director of Legislation	2027 Raa Avenue	Tallahassee, FL 32303
D	Dasha Saintremy, Director of Membership	1407 N. 50th St. Apt. #708	Tampa, FL 33617
D	Danielle Sweat, Director of Expansion	6119 Memorial Hwy. Apt. #21	Tampa, FL 33615

10. 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:

Jazmyn Alston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 28, 2005

Date

(850) 567-0125

Daytime Phone #

This page is included for the purpose of being a continued portion of Section 9 on the Corporation Reinstatement Form for SISTUHS, dated November 28, 2005.

9.

D Joyce Olushola,
Director of Programs

1000 SW 62nd Blvd. #2042 Gainesville, FL 32607

2072