

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 31 AM 8:44

DOCUMENT # N000000001408

1. Corporation Name

S.I.S.T.U.H.S. INC.

700007734767
02/11/03--01020--030 **61.25

9/13/02 01053 001 \$61.25
02-03

2. Principal Office Address

Olgesby Union

Suite, Apt. #, etc.

A303M

City & State

Tallahassee, FL

Zip

Country

32306-4026

USA

3. Mailing Office Address

Olgesby Union

Suite, Apt. #, etc.

A303M

City & State

Tallahassee, FL

Zip

Country

32306-4026 USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/2/00

5. FEI Number

593635003

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

Marcheley Thompson

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

810 Wadsworth St.

Suite, Apt. #, Etc.

208B

City

Tallahassee

State

FL

Zip Code

32304

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

REGISTERED AGENT MUST SIGN

Date 1/31/03

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
Tres.	Shirline Alexander	836 Richmond St. #6	Tallahassee, FL 32304
Dir.	Keisha Tracy	982 West Bernard St	Tallahassee, FL 32304
Dir.	Marcheley Thompson	810 Wadsworth St. #208B	Tallahassee, FL 32304
Dir	Cecilia Prince	911 Richmond St. G	Tallahassee, FL 32304
Dir	Walda Lora	2803 Woodridge Drive #D	Tallahassee, FL 32301

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03
Date

443-5181
Daytime Phone #

CR2E081 (9/01)

2082

January 31, 2003

To Whom it May Concern:

This letter is written to inform the Department of State, that we paid \$6.25 in September of 2002, for our annual incorporation fees. However, we did not receive proper notification until January 2003, of our incomplete application (lack of Federal Identification Number). We would greatly appreciate you changing the current status of dissolved to active status.

If you have any further questions or concerns, please feel free to contact Marsha Thompson at 850-443-51.

Sincerely,

