

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 701000006702

1. Corporation Name

"Sisters" Keeping It Real, Inc.
W07000849090

2. Principal Office Address

600 N.W. 183rd St.

Suite, Apt. #, etc.

Suite 101

City & State

Miami Gardens, Fl.

Zip

33169

Country

Dade

3. Mailing Office Address

2870 N.W. 205th St.

Suite, Apt. #, etc.

City & State

Miami Gardens, Fl.

Zip

33056

Country

Dade

REINSTATEMENT 02-07
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

9/18/2001

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

-Cheryl Sample

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

2870 N.W. 205th St.

Suite, Apt. #, Etc.

City

Miami Gardens

State

FL

Zip Code

33056

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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

[Signature]

Date

9/25/2007

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 |
|--------|--------------------------------------|---|-------------------------|
| P | Cheryl Sample | 2870 NW 205th St | Miami, Fl 33056 |
| V | Sherm King | 8-S Turner Circle | Homestead Fl. 33030 |
| T | Freddie Thompson | 9581 Hudson St | Miami, Fl. 33025 |
| S | Doris Golindaro | 127 S. Redland Rd | Florida City, Fl. 33034 |
| | | | |
| | | | |

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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 contained in Chapter 119, 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

[Signature]

Date

9/25/2007

Daytime Phone #

305-469-2918

PAYMENT

"SISTERS" KEEPING IT REAL, INC.

600 N W 183RD STREET, MIAMI GARDENS FL. 33169

305 249-0760 PH / 305 249-0743 FAX

TO: FLORIDA DEPT. OF STATE (DIVISION OF CORPORATIONS)

Dear Sir / Madam:

Our organization is submitting our request for re-instatement at this time. In doing so, we are also requesting that the fee for re-instatement be waived due to the following reason; we did not receive the notice due to mail complications associated with hurricane conditions.

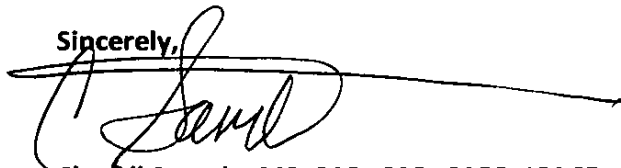
We are enclosing the re-instatement fee of \$175.00 plus \$8.75 for certificate of status. We are unclear on what other fees may apply, however please notify us and we will submit the required fees to reinstate our corporation status.

All of the information for our organization remains the same except for our new office location indicated above. Our mailing address is indicated on the form included with this letter.

If you require additional information or need to discuss this matter further please feel free to contact me on my personal cell 305 469-2918 as this is the most convenient way to reach me.

Thank you in advance for your assistance in helping us to resolve this matter. We are greatly appreciative.

Sincerely,



Cheryl Sample MS, SAP, CAP, CAPP, ICACD