

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000000659**

1. Corporation Name

TWO SISTERS & A FRIEND, INC.

Principal Place of Business

Mailing Address

3751 NW 175TH ST.
MIAMI FL 33055

3751 NW 175TH ST.
MIAMI FL 33055

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/2002

5. FEI Number

☒ 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/T	MAE F. JOHNSON	4030 N.W. 189TH Terr	Miami, FL 33055
D	Joanna Brown	4441 N.W. 174TH Drive	Miami, FL 33055
S	Gloria B. Jackson	3420 N.W. 195TH TERR	Miami, FL 33055

100023821161

10/15/03--01060--016 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, MAE F
4030 NW 189TH TERRACE
MIAMI FL 33055

Name

MAE-F. JOHNSON

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

3751 N.W. 175TH Street

Suite, Apt. #, Etc.

FL

City

MIAMI

State

FL

Zip Code

33055

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. or 617.0505, F.S.

Signature of
Registered Agent

MAE F. JOHNSON
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/9/03

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:

MAE F. JOHNSON
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03

Date

986-208-1272

Daytime Phone #

CR2E040 (7/03)