

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
Oct 21, 2007  
Secretary of State

DOCUMENT# N02000001726

Entity Name: SISTER LOVIN' SISTER, INC.

**Current Principal Place of Business:**

4666 FREDERICKSBURG AVENUE  
JACKSONVILLE, FL 322081709

**New Principal Place of Business:**

**Current Mailing Address:**

4666 FREDERICKSBURG AVENUE  
JACKSONVILLE, FL 322081709

**New Mailing Address:**

FEI Number: 51-0511007      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BOULWARE, JULIE N  
4666 FREDERICKSBURG AVENUE  
JACKSONVILLE, FL 322081709 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: JULIE N BOULWARE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOULWARE, JULIE N  
Address: 4666 FREDERICKSBURG AVENUE  
City-St-Zip: JACKSONVILLE, FL 322081709

Title: VD ( ) Delete  
Name: WILLIAMS, HELEN R  
Address: 5836 ELLAKEL ROAD  
City-St-Zip: JACKSONVILLE, FL 322083701

Title: D ( ) Delete  
Name: WHITE, LINDA  
Address: 1933 PULLMAN COURT  
City-St-Zip: JACKSONVILLE, FL 322094733

Title: D ( ) Delete  
Name: WORTHY, AUNDRA  
Address: POST OFFICE BOX 28903  
City-St-Zip: JACKSONVILLE, FL 322268903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE N. BOULWARE

PD

10/21/2007

Electronic Signature of Signing Officer or Director

Date