

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 OCT 24 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000007262

1. Corporation Name

Sisters Each Determined Inc.

2. Principal Office Address

2025 Northwest 171st Street

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33056

Country

USA

3. Mailing Office Address

2025 Northwest 171st Street

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33056

Country

USA

800060897858

10/24/05--01056--022 **367.50

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

September 23, 2002

5. FEI Number

16-1630175

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

Kim Muhammad

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

13800 North Miami Avenue

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33168

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

Kim A Muhammad
REGISTERED AGENT MUST SIGN

Date 10/21/05

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
President	Charlotte L. Fulton	1236 Northwest 128th Street	Miami FL. 33167
V. President	Kim S. Muhammad	13800 North Miami Avenue	Miami FL. 33168
V. President	Stacy W. Thompson	13800 North Miami Avenue	Miami FL. 33168
Secretary	Constance P. McClain	2025 Northwest 171st Street	Miami FL. 33056

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:

Kim A Muhammad Kim Muhammad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/05
305 953 3319

10/27
a