

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
05 JAN -7 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000007787
1. Entity Name
SISTERS IN BUSINESS INTERNATIONAL, INC.



Principal Place of Business
PO BOX 41183
JACKSONVILLE, FL 32209

Mailing Address
PO BOX 41183
JACKSONVILLE, FL 32209

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



REINSTATEMENT 2004

4. FEI Number
59-3599298

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Country Zip Country
32203 Duval 32203 Duval

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, AILEEN
5811 ATLANTIC BLVD #71
JACKSONVILLE, FL 32207

Name MERISA RANDOLPH
Street Address (P.O. Box Number is Not Acceptable)
2167 Inwood Terrace
City JACKSONVILLE FL Zip Code 32207

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Merisa Randolph 10-26-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2005, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME RANDOLPH, MERISA
STREET ADDRESS PO BOX 48401
CITY-ST-ZIP JACKSONVILLE, FL 32247 ☐ Delete

TITLE
NAME 800042475268
STREET ADDRESS 11/04/04--01045--009 #61.25
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME JOHNSON MURRAY, CHERYL
STREET ADDRESS PO BOX 41183
CITY-ST-ZIP JACKSONVILLE, FL 32209 ☒ Delete

TITLE D
NAME LADREEKA CITWATER
STREET ADDRESS PO Box 41183
CITY-ST-ZIP JACKSONVILLE FL 32203 ☐ Change ☒ Addition

TITLE D
NAME MAJOR, ANNIE
STREET ADDRESS 3568 ST JOHNS AVE
CITY-ST-ZIP JACKSONVILLE, FL 32205 ☐ Delete

TITLE
NAME ANNIE MAJOR
STREET ADDRESS 1225 Beaver Street
CITY-ST-ZIP JACKSONVILLE FL 32204 ☒ Change ☐ Addition

TITLE D
NAME WILLIAMS, AILEEN
STREET ADDRESS 5811 ATLANTIC BLVD #71
CITY-ST-ZIP JACKSONVILLE, FL 32207 ☐ Delete

TITLE
NAME WILLIAMS, AILEEN
STREET ADDRESS 806 Gates Street
CITY-ST-ZIP JACKSONVILLE FL 32208 ☒ Change ☐ Addition

TITLE D
NAME WILLIAMS, WILLENA
STREET ADDRESS 1201 BRETTEA ST #8
CITY-ST-ZIP JACKSONVILLE, FL 32211 ☒ Delete

TITLE
NAME ANNIE WILSON
STREET ADDRESS 2403 Broward Rd
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Merisa Randolph 11-3-04 904-384-1340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #