

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAR 26 PM 1:48
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000006220

1. Corporation Name

Social Issue inc

REINSTATEMENT 09-10

000166855620
01/21/10--01043--022 **61.25
CRZE081 (11/09)

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

380 SSR.434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1004-385

City & State

City & State

Altamonte Springs

Zip

Country

Zip

Country

32714

Florida

4. Date Incorporated or Qualified
To Do Business in Florida

01-13-2004

5. FEI Number

37-1496054

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

TRISH RODDIS

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

729 N. THORNTON AVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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03/04/10--01003--009 **61.25

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

Trish Roddis

Date March 21, 2010

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
PD	Trish Roddis	380 SSR 434 Suite 1004-385	Altamonte Sp. Florida 32714
DR	Dave Roddis	380 SSR 434 Suite 1004-385	Altamonte Sp. Florida 32714
DR	Amanda Roddis	380 SSR 434 Suite 1004-385	Altamonte Sp Florida 32714

10. E-mail Address: trishsocialissueinc@gmail.com

(To be used for future annual report notification)

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. I further certify 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:

Trish Roddis

Jan 14, 2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/10