

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 14 PM 3:22

DOCUMENT # **N97000004052**

1. Corporation Name

SISTER CITY PROGRAM OF GAINESVILLE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 02-03

Principal Place of Business

5201 SW 91 DRIVE STE B
GAINESVILLE FL 32608

Mailing Address

5201 SW 91 DRIVE STE B
GAINESVILLE FL 32608



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

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3455491

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KALISHMAN, STEVEN J	5201 SW 91 DR., SUITE B	GAINESVILLE FL 32608
D	KALISHMAN, NATALIA P	5201 SW 91 DR., SUITE B'	GAINESVILLE FL 32608
D	KILBY, PAT	3706 SW 5TH PLACE	GAINESVILLE FL 32607

600014096186
03/14/03--01094--005 **273.50

8. Name and Address of Current Registered Agent

KALISHMAN, STEVEN J
5201 SW 91 DRIVE STE B
GAINESVILLE FL 32608

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3.8.03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.8.03 352.376.8600
Date Daytime Phone #

CR2E040 (8/01)