

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 MAR -2 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000007139

1. Corporation Name

SISTAH TO SISTAH RECOVERY HOUSE, INC.

Principal Place of Business

5014 PINWOOD AVENUE  
WEST PALM BEACH FL 33407

Mailing Address

736 50TH STREET  
WEST PALM BEACH FL 33407

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/1998

SP

5. FEI Number

650817305

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HUDSON, ANNIE	3600 HUNT ROAD	LAKE WORTH FL 33461
D	MILES, LAURESTER	938 MAGNOLIA DRIVE APT. D	LAKE PARK FL 33404
D	BATES, ANGRINETTE	4763 "C" ORLEANS COURT	WEST PALM BEACH FL 33415

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8. Name and Address of Current Registered Agent

DESNIKE, LORI C ESQ.  
777 SOUTH FLAGLER DRIVE  
SUITE 900, EAST TOWER  
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

33407

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

*Angriette Bates*  
REGISTERED AGENT MUST SIGN

REQUIRED

Date

12-18-99

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:

*Angriette Bates*  
DIRECTOR

Date

12-18-99

Daytime Phone #