

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000079024

1. Corporation Name

My Sister Helen & Company, Inc.

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

1089 N. Collier Blvd.,

Suite, Apt. #, etc.

Suite 407

City & State

Marco Island, Florida

Zip

34145

Country

U.S.A.

3. Mailing Office Address

1089 N. Collier Blvd.,

Suite, Apt. #, etc.

Suite 407

City & State

Marco Island, Florida

Zip

34145

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/2000

5. FEI Number

593670610

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

Craig R. Woodward, Esquire

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

606 Bald Eagle Drive

Suite, Apt. #, Etc.

500

City

Marco Island,

State

FL

Zip Code

34145

☐ 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.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/17/09

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
D	Helen K. Lotsikas	14968 Dufuef Drive	North Patomac, MA 20878
T	Jerry Koutroulis	1330 Delbrook Way	Marco Island, FL 34145

10. E-mail Address: tlibby@wpl-legal.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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/09

Date

239-642-0300

Daytime Phone #

09 DEC 21 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 03-09

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