

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 22 AM 9:24

DOCUMENT # P01000029249

1. Corporation Name

Strategic Investment Solutions International, Inc.

2. Principal Office Address

PO BOX 531217

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33153

Country

USA

3. Mailing Office Address

PO BOX 531217

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33153

Country

USA

REINSTATEMENT

03-05

CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/21/2001

5. FEI Number

651146589

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

Edwin Disla

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

6321 NE 1st Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33168

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

Edwin Disla

Date

12/20/05

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
DP	Edwin Disla	PO BOX 531217	Miami, FL 33153
DV	Lina Aytiles	PO BOX 531217	Miami, FL 33153

10. 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

Lina Aytiles Lina Aytiles

Date

12/20/05 305 335 7106

Daytime Phone #

12/23/05