

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 18 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000090392

1. Corporation Name

SISSINES MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

6123 PHILLIPS HIGHWAY  
JACKSONVILLE FL 32216

6123 PHILLIPS HIGHWAY  
JACKSONVILLE FL 32216

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

09/14/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3744566

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SISSINE, SAMUEL M	2927 BRAEMAR DRIVE	JACKSONVILLE FL 32257
D	SISSINE, JOSEPH E	2301 CHERYL DR.	JACKSONVILLE FL 32217

300024805169  
11/18/03--01055--008 \*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

SAM SISSINE

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

6123 Phillips Hwy

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32216

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/30/03

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 FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL M SISSINE 10/30/03

Date

Daytime Phone #

904-737-0540

CR2E040 (7/03)

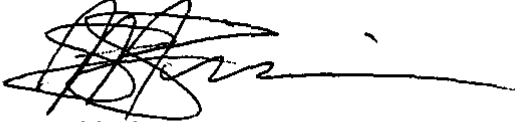
# MANAGEMENT GROUP INC.

10/30/03

To Whom It May Concern:

Please waive the reinstatement fee that Sissines Management Group has been penalized for. We did not receive the uniform business report notice nor a second notice. We are a new company and we are still learning which forms need to be completed.

Thank you for understanding,

A handwritten signature in black ink, appearing to be 'Sam Sissine', with a long horizontal line extending to the right.

Sam Sissine  
Officer