

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000127288

1. Corporation Name

SIS International Inc.
15709 Bent Creek Rd
Wellington FL 33414

2. Principal Office Address

15709 Bent Creek Rd

Suite, Apt. #, etc.

City & State

Wellington

Zip

33414

Country

USA

3. Mailing Office Address

same.

Suite, Apt. #, etc.

City & State

Zip

Country

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

11/26/02

5. FEI Number

57-1142284

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

Shannon Johnson

600024102276

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

15709 Bent Creek Rd

10/27/03--01019--013 **150.0

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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

Shannon Johnson
REGISTERED AGENT MUST SIGN

Date

10/13/03

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
P	Shannon Johnson	15709 Bent Creek Road	Wellington FL 33414

10/29

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:

Shannon Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shannon Johnson

Date

10/13/03

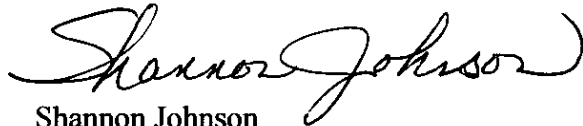
Daytime Phone #

(561) 791-7317

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

My name is Shannon Johnson, President of SIJ International. This has been my first year in business and was unaware of the need to file a Uniform Business Report. I also never received anything in the mail due to the fact that we moved earlier in the year and was not told by my accountant what I needed to do. I am now very aware of what needs to take place yearly and I assure you that this will not happen again. Thank you so much for the opportunity to have SIJ International reinstated. Enclosed please find my application for reinstatement as well as a check for \$150.00. Please send all future information to my new address is 15709 Bent Creek Rd, Wellington, FL 33414.

Thanks again for your time.



Shannon Johnson
SIJ International, Inc.