

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 NOV 21 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SR

900112506379
11/21/07--01028--007 **300.00

REINSTATEMENT 06-07
CR2E08T (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **POS000111991**

1. Corporation Name
SIS CARIBBEAN INVESTMENT CORP

2. Principal Office Address - No P.O. Box # 27 SURA BOULEVARD		3. Mailing Office Address 27 SURA BOULEVARD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32809	Country USA	Zip 32809	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **8/9/2005**

5. FEI Number **20-3295071**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
SILVIA SANTOS

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

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32809

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 *Silvia Santos* Date _____

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
P	SILVIA SANTOS	27 SURA BOULEVARD	Orlando, Florida 32809

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 contained in Chapter 119, 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: *Silvia Santos* Date **11/15/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Florida Department of State
Division of Cooperation

11/06/07 202

To whom it may concern:

Enclosed is a check for \$300.00 to reinstate my business. I had not been able to receive any mail. As you see there has been a change of address and nothing has been forwarded to my attention.

Any questions, please call me at
407-729-0672

Sincerely

~~Silvia Santos~~
Silvia Santos