

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC 15 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000045451

1. Entity Name
SIBLING SOLUTIONS, INC.



Principal Place of Business
6289 W. SUNRISE BLVD
275
SUNRISE, FL 33313

Mailing Address
6289 W. SUNRISE BLVD
275
SUNRISE, FL 33313

2. Principal Place of Business - No P.O. Box #
5950 W. Oakland Pk. Blvd

3. Mailing Address
5950 W. Oakland Pk. Blvd

Suite, Apt. #, etc.
114

Suite, Apt. #, etc.
114

City & State
Lauderhill, Fl. 33313

City & State
Lauderhill, Fl. 33313

Zip
33313

Country
USA

Zip
33313

Country
USA

10162008 REIN-P CR2E098 (1/07)

4. FEI Number
71-1030882

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, VICTORIA P
2001 N. W 74 AVENUE
SUNRISE, FL 33313

7. Name and Address of New Registered Agent

Name
VICTORIA P. PHILLIPS

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

City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
P
PHILLIPS, VICTORIA P ☐ Delete
STREET ADDRESS
6289 W. SUNRISE BLVD., STE. 275
CITY-ST-ZIP
SUNRISE, FL 33313

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P
Phillips, P. Victoria ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
700139026097
12/15/08--01064--005 **150.00

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 2008

10-16-08

984-316-0299