PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2021 OCT 21 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10000053384

Corporation Name

Sicsa Corporation

reinstatement 2018-21

800387555943
09/17/21--01020--023 **1200.00

CR2E081 (11/10)

Principal Office Address - No P.O. Box #	3. Mailing Office Address
,181 NW 36 Street	8181 NW 36 Street
e, Apt. #, etc.	Suite, Apt. #, etc.
13AB	13AB
& State	City & State
Doral, FL	Doral, FL
53166 / Country: US	Zip: 33166 / Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 06/23/2010

5. FEI Number: 27-2922823 ☐ 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

me: Diana Jelen

et Address (P.O. Box Number is Not Acceptable): 8181 NW 36 street

te, Apt. #, Etc: 13AB

Doral, FL | State: FL | Zip Code: 33166

, 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.

ature of stered Agent: _____ Date: 09/09/2021

REGISTERED AGENT MUST SIGN

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

es	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
ts	Polanco, Arturo	8181 NW 36 St. Suite 13AB	Doral, FL 33166
)	Miguel Pina, Hely	8181 NW 36 St. Suite 13AB	Doral, Fl 33166
)	Velasquez Salazar Jose	8181 NW 36 st. Suite 13AB	Doral, F 33166

mail Address: info@jelenaccounting.com

(To be used for future annual report notification)

rtify 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 statement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees ed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as face under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

NATURE: _____ 09/09/2021 AJR

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