

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 APR -3 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 96000051572

1. Corporation Name

SETISKA CORPORATION

Principal Place of Business

Mailing Address

16112 NW 13TH AVENUE
SUITE F
MIAMI, FL 33169

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

6/17/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

16112 NW 13TH AVENUE, #A

City & State

City & State

MIAMI, FL

Zip

Country

Zip
33169

Country

5. FEI Number

65-0752143

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	SETRAK Y. ISKANDARIAN	16112 NW 13TH AVENUE	MIAMI, FL 33169
V	SONIA ISKANDARIAN	338 WAVERLY STREET	BELMONT, MA 02178
			800002481528--6
			04/07/98 01081--006
			****900.00 ****900.00
			REINSTATEMENT 97-98
			A. Alar 4/3/98

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

9. Name and Address of New Registered Agent

Name SETRAK Y. ISKANDARIAN

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

16112 NW 13TH AVENUE

Suite, Apt. #, Etc.

SUITE A

City

MIAMI,

State

FL

Zip Code

33169

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.

Signature of
Registered Agent

S. Shendee

REGISTERED AGENT MUST SIGN

Date 4/3/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. 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.

SETRAK Y. ISKANDARIAN

SIGNATURE:

S. Shendee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/3/98

(305) 625-2774

Daytime Phone #