

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN -2 AM 10:10

DOCUMENT # **P96000051572**

1. Corporation Name

SETISKA CORPORATION

100180671491
06/02/10--01017--002 **750.00

100180671491

5/11/10 01005 017 600.00
018 8.75
CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #

6073 N.W. 167TH ST

Suite, Apt. #, etc

SUITE C-14

City & State

MIAMI, FL

Zip

33015

Country

USA

3. Mailing Office Address

125 COOLIDGE AVE

Suite, Apt. #, etc

UNIT 309

City & State

WATERLOO, MA

Zip

02472

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/7/1996

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. Name and Address of Current Registered Agent

Name

SETRAK Y ISKANDARIAN

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

6073 N.W. 167TH ST

Suite, Apt. #, Etc

SUITE C-14

City

MIAMI, FL

State

FL

Zip Code

33015

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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 X
Registered Agent

S. Iskandarian

REGISTERED AGENT MUST SIGN

Date **5/19/2010**

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	SETRAK Y ISKANDARIAN	6073 NW 167TH ST #C-14	MIAMI, FL 33015
V	SONIA ISKANDARIAN	125 COOLIDGE AVE #309	WATERLOO, MA 02472
		KS	

REINSTATEMENT 02-10

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

S. Iskandarian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/2010

Date

Daytime Phone #