

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
HALL OF RECORDS  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 PM 3:04

DOCUMENT # p97000022852

1. Corporation Name

Sissi's Design, Inc.

2. Principal Office Address

8205 W. 18 Lane Rd

Suite, Apt. #, etc.

City & State

Hialeah - FL

Country

USA

3. Mailing Office Address

8205 W. 18 Lane Rd.

Suite, Apt. #, etc.

City & State

Hialeah - FL

Zip

33014

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0736884

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

Elba Cruz

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

8205 W. 18 Lane Rd.

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33014

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

04/25/2000

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.	Elba Cruz	8205 W. 18 Lane Rd.	Hialeah - FL 33014
V-P	Sissi Cruz	8205 W. 18 Lane Rd.	Hialeah - FL 33014
Sec.	Silvia Cruz	8205 W. 18 Lane Rd.	Hialeah FL 33014
Treas.	Edmundo Cruz	8205 W. 18 Lane Rd.	Hialeah FL 33014
			AD

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elba Cruz

Date

04/25/2000

Daytime Phone #

(305) 4581515

CR2E081 (9/99)

Florida Department of state

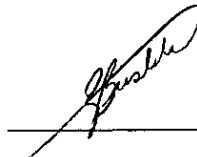
To: Who may concern

This letter is to inform you that we never received our annual fee application form for our corporation for the year 1999, and we haven't received the one for the year 2000 yet.

With this letter we are sending the corporation reinstatement and a check for the amount of 308.75 corresponding to the last missed fee and the current year (150 for each year) and 8.75 for our new certificate of Status.

When we called to your office in Tallahassee to explain this situation they told me to write this letter and send the amount written above.

Thanks,



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Elba Cruz  
Sissi's Design, Inc.