PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 APR -8 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00-02 UBR

DOCUMENT # P99000086140

1. Corporation Name
Lissade And Associates, Inc

2. Principal Office Address	**3.** Mailing Office Address
12550 Biscayne Blvd	12550 Biscayne Blvd
Suite/Apt. #, etc.: 500	Suite/Apt. #, etc.: 500
City & State: North Miami, Florida	City & State: North Miami, Florida
Zip: 33181 Country: USA	Zip: 33181 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/27/99

5. FEI Number: 65-0951893 ☐ 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: Florence Lissade

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****458.75 ****458.75

Street Address (P.O. Box Number is Not Acceptable): 1251 NE 108th st

Suite/Apt. #, Etc.: 816

City: Miami State: FL Zip Code: 33161

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: Florence Lissade (REGISTERED AGENT MUST SIGN) Date: 3/25/02

CR2E081 (9/01)

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/T	Florence Lissade	1251 NE 108th st #816	Miami, FL 33161
V	Cassandra Z Edwards	1251 NE 108th st #120	Miami, FL 33161
S	Natasha S. Edwards	1251 NE 108th st # 816	Miami, FL 33161

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: Florence Lissade (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 3/25/02 Date (305)892-8296 Daytime Phone #