

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 18 AM 11:57

DOCUMENT # P02 000061435

1. Corporation Name

Sidewinder Strategies, Inc.

2. Principal Office Address

3801 North Federal Highway

Suite, Apt. #, etc.

City & State

Pompano Beach, Florida

Zip

33064

Country

USA

3. Mailing Office Address

3801 North Federal Highway

Suite, Apt. #, etc.

City & State

Pompano Beach, Florida

Zip

33064

Country

USA

REINSTATEMENT 03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/04/2002

5. FEI Number

43-1963640

☒ 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

Shahrukh Dhanji

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

3801 North Federal Highway

Suite, Apt. #, Etc.

City

Pompano Beach

State
FL

Zip Code
33064

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

3/14/05

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
PSTD	Jaime Segantine	3801 North Federal Highway	Pompano Beach, Fl. 33064

200049166962
03/21/05--01003--004 **450.00

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

Date

Daytime Phone #

3/14/05

CR2E081 (01/05)

2 of 2

SIDEWINDER STRATEGIES, Inc.

"a finance and transactional advisory company"

3801 North Federal Highway
Pompano Beach, Florida. 33064

March 15, 2005

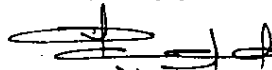
Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida. 32314

Re: Reinstatement

Dear Corporations Examiner:

Please note, that our offices have moved 4 times since the early part of 2003. WE accordingly failed to receive the UBR forms to reinstate our company. Our current address after much moving is 3801 North Federal Highway, Pompano Beach, Florida. 33064. Also please note that, our only Director at this time is Jaime Segantine. Your understanding in this matter is appreciated, and I am forwarding to you a check in the amount of \$450.00 for the reinstatement in light of us not receiving the UBR in the mail.

Very truly yours,



Oleed Abdulla
Office Manager

