PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2020 MAR 30 PM 12:49

DOCUMENT # K86553

1. Corporation Name

SYDON INCORPORATED

500342786125
03/30/20--01005--015 **155.75

CR2E061 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1010 CLEVELAND ST	2291 VANDERBILT DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEARWATER, FL	City & State: CLEARWATER, FL
Zip: 34615 Country:	Zip: 33765 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 05/09/1989

5. FEI Number: 59-2945875 ☐ 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: SOUAD SAYDI

Street Address (P.O. Box Number is Not Acceptable): 2291 VANDERBILT DRIVE

Suite, Apt. #, Etc:

City: CLEARWATER State: FL Zip Code: 33765

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 X _____ Date MARCH 26, 2020

REGISTERED AGENT MUST SIGN

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
D	SOUAD SAYDI	2291 VANDERBILT DR	CLEARWATER, FL 33765
D	ZALFA SAIDY	1839 ALBRIGHT DRIVE	CLEARWATER, FL 33765

10. E-mail Address: tonysaydi51@yahoo.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: X _____ SOUAD SAYDI, DIRECTOR 03-26-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #