## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE				]	
COMPANY Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS					
DOCUMENT# L 04 0000 33103					
1. Limited Liability Company's Name				400135418894 09/05/0801040007 **655.00	
Sidq, LLC					0.010.10
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address				-	CR2E041 (12/07)
7804 Anbury Ct		7804 Anbury Ct			ntry of Formation
Suite, Apt. #, etc.	•	Suite, Apt. #, etc.			nized or Qualified
City & State		City & State		To Do Business in Florida 4/30/2004  6. FFI Number Applied For	
Orlando, FL		Orlando, FL		6. FEI Number Applied For Abolicable About Applicable	
32835	ountry · USA	32835	Country	7.	S5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent					
Indrani Jiawon				A \$100 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 \$100 reinstatement be waived.	
Street Address (P.O. Box Number is Not Acceptable)					
7804 Anbury Ct Suite, Apt. #, Etc.					
City State Zip Code					
Orlando FL 32835					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.					
Signature of Registered Agent  Registered Agent  Registered AGENT MUST SIGN					Date 9/2/08
10. Names and Street Addresses of Managing Members/Managers					
Titles Ma	Name of naging Members/Manag	ers	Street Address of Each Managing Member/Mana		City / State / Zip
1GRM Indrani Jiawon 7804 Anbury			Anbury C	<u>t                                     </u>	Orlando, FL 32835
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager <u>Judram frauson</u> Date 9/2/08 Daytime Phone# 407-293-6056					
Typed or printed name of signing Managing Member/Manager					