

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05801

1. Corporation Name

SIDIKI, INC.

Principal Place of Business

845 EAST 49TH STREET
HIALEAH FL 33013

Mailing Address

845 EAST 49TH STREET
HIALEAH FL 33013

01 OCT 15 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2001

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1989

5. FEI Number

65-0226615

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State, Zip
P	SIDDIQUI, ATHAR	845 EAST 49TH STREET	HIALEAH FL 33013
V	AKBAR, JUNAID	845 EAST 49TH STREET	HIALEAH FL 33013
S	MANZER, MASOOD	10233 SW 12 ST	PEMBROKE PINES FL
V	SADIO, KHALID	8310 FOUNTAINBLEU BLVD. #601	MIAMI FL 33172
V	MAHMOOD, KHALID	8360 FOUNTAINBLEU BLVD. #602	MIAMI FL 33172
V	AZCHAR, NIGHAT	845 E. 49TH ST	HIALEAH FL 33013

8. Name and Address of Current Registered Agent

AKBAR, JUNAID
845 E. 49 STREET
HIALEAH FL 33013

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-11-01

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., 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

10-11-01

Daytime Phone #

Requester's Name	
Address	
City/State/Zip	Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials