

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

SIDWAY INVESTMENT CORP.

2. Principal Office Address

5 Lethington Rd.

3. Mailing Office Address

15775 Chetaleum Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens FL

City & State

Hillsboro OR

Zip

33418

Country

USA

Zip

97123

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/05/90

5. FEI Number

65-0193878

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

Dwight F. Sidway

900006068729-1

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

5 Lethington Road

06/27/02-01053-015  
\*\*\*1208.75 \*\*\*1208.75

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State  
FL

Zip Code

33418

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

*Dwight F. Sidway*  
REGISTERED AGENT MUST SIGN

Date 6/12/02

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	Dwight F. Sidway	5 Lethington Rd	Palm Beach Gardens FL 33418
V	Bambana G Sidway	5 Lethington Rd.	Palm Bch Gdn FL 33418
			1050.00 - ADM
			61.25 - AR
			88.75 - ARS&P
			8.75 - Cert

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:

*Dwight F. Sidway*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/02

Date

503 628-0498

Daytime Phone #

FILED  
02 JUN 17 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-02