
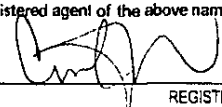
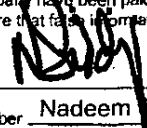


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1115000005255			
1. Limited Liability Company's Name Siddiqi Investments, LLC			
2. Principal Office Address - No P.O. Box # 706 Walnut Street Suite, Apt. #, etc. Suite 600 City & State Knoxville, Tennessee Zip 37902 Country USA		3. Mailing Office Address 706 Walnut Street Suite, Apt. #, etc. Suite 600 City & State Knoxville, Tennessee Zip 37902 Country USA	
8. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) Suite, 1201 Hays Street Apt. #, Etc. City Tallahassee State FL Zip Code 32301		4. State/Country of Formation Tennessee 5. Date Organized or Qualified To Do Business in Florida December 15, 2014 6. FEI Number 46-1585481 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Courtney Williams, Asst. V.P. Date 02.16.17 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Mgr	Nadeem Siddiqi	706 Walnut St, Suite 600	Knoxville, TN 37902
Member	Sabrina Siddiqi	706 Walnut St, Suite 600	Knoxville, TN 37902
11. E-mail Address: _____ (To be used for future annual report notifications)			
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, 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. 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 of authorized representative/member _____ Date 2/3/2017 Daytime Phone # 865-633-6524 Typed or printed name of signing authorized representative/member Nadeem Siddiqi			

2017 FEB -3 PM 1:30

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Rei-2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2017

SIDDIQI INVESTMENTS, LLC

706 WALNUT STREET, SUITE 600  
KNOXVILLE, TN 37902

SUBJECT: SIDDIQI INVESTMENTS, LLC  
Ref. Number: M15000005255

**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for SIDDIQI INVESTMENTS, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

You have submitted the amount for a new filing \$125.00 on a reinstatement form. If you are intending to file a new LLC, complete a new filing app. NEW FILINGS  
PHONE # 850-245-6052

If you have any questions concerning the filing of your document, please call (850) 245-6059.

TANYA L HENDERSON  
Regulatory Specialist II

Letter Number: 217A00002341

RECEIVED  
17 FEB 10 PM 4:12  
SUPERVISOR OF FILING

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

**RESUBMIT**  
Please give original  
submission date as file date.

ACCOUNT NO. : I20000000195

REFERENCE : 497645 4802701

AUTHORIZATION :

COST LIMIT : \$ 238.75

ORDER DATE : February 3, 2017

ORDER TIME : 2:19 PM

ORDER NO. : 497645-005

CUSTOMER NO: 4802701

REINSTATEMENT

NAME: SIDDIQI INVESTMENTS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS \_\_\_\_\_