

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M99000001708

1. Limited Liability Company's Name

Sidugal, LLC

2. Principal Office Address

3399 PGA Boulevard

Suite, Apt. #, etc.

#240

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

3. Mailing Office Address

3399 PGA Boulevard

Suite, Apt. #, etc.

#240

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified  
To Do Business in Florida

10/27/1999

6. FEI Number

65-0993336

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Thomas K Pierce

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

3399 PGA Boulevard

Suite, Apt. #, Etc.

#240

City

Palm Beach Gardens

State

FL

Zip Code

33410

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\*\*\*\*200.00 \*\*\*\*200.00

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

*[Signature]*

Date 3-29-01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Malcolm Sina	3399 PGA Boulevard #240	Palm Beach Gardens, FL 33410
MGRM	Laurence Docat	801 E Germantown Pk #A-4	Norristown, PA 19401
MGRM	James Galgano	3399 PGA Boulevard #240	Palm Beach Gardens, FL 33410

REINSTATEMENT

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 filing 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

*[Signature]*

Date 3/29/01

Daytime Phone # 561-691900

Typed or printed name of signing Managing Member/Manager

JAMES V. GALGANO

CR2E041 (9/00)