

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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08 DEC 12 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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12/16/08--01007--013 \*\*848.75

REINSTATEMENT

CR2E081 (10/08)

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N97000002914</b>			
1. Corporation Name <b>THE SIDHU FAMILY FOUNDATION, INC.</b>			
2. Principal Office Address - No P.O. Box # <b>10229 Tavistock Road</b>		3. Mailing Office Address <b>10229 Tavistock Road</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Orlando, Florida</b>		City & State <b>Orlando, Florida</b>	
Zip <b>32827</b>	Country <b>US</b>	Zip <b>32827</b>	Country <b>US</b>
7. Name and Address of Current Registered Agent			
Name <b>Lisa Eaton Sidhu</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>10229 Tavistock Road</b>			
Suite, Apt. #, Etc.			
City <b>Orlando</b>		State <b>FL</b>	Zip Code <b>32827</b>
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 <u><i>Lisa Eaton Sidhu</i></u> Date <u>12/10/08</u> REGISTERED AGENT MUST SIGN			
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
D	Rupinder S. Sidhu	10229 Tavistock Road	Orlando, Florida 32827
D	Lisa Eaton Sidhu	10229 Tavistock Road	Orlando, Florida 32827
D	Michelle Rosenberg	10229 Tavistock Road	Orlando, Florida 32827
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 contained in Chapter 119, 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: <u><i>Lisa Eaton Sidhu</i></u> Date <u>12/10/08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #			