

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P00000112625</b> 1. Entity Name <b>SIDUC, INC.</b>						<b>FILED</b>  <b>05 NOV -2 PM 4: 58</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1331 SW 1ST AVE. FT. LAUDERDALE, FL 33315</b>				Mailing Address <b>1331 SW 1ST AVE. FT. LAUDERDALE, FL 33315</b>			
2. Principal Place of Business <b>7795 SW 6th Street</b>		3. Mailing Address <b>P.O. Box 16988</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State <b>Plantation, FL.</b>		City & State <b>Plantation, FL.</b>		4. FEI Number <b>65-1080104</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33324</b>		Country <b>USA</b>		Zip <b>33318-6988</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				10072005 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent  <b>MAROONE, DOUG 1331 SW 1ST AVE. FT. LAUDERDALE, FL 33315</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  <b>7795 SW 6th Street</b> City <b>Plantation</b> <b>FL</b> <b>33324</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u><i>Doug Marone</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating) DATE <u>10/10/05</u>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MAROONE, DOUG</b> <b>1331 SW 1ST AVE.</b> <b>FT. LAUDERDALE, FL 33315</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7795 SW 6th Street</b> <b>Plantation, FL. 33324</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MORSE, GARY</b> <b>1331 SW 1ST AVE.</b> <b>FT. LAUDERDALE, FL 33315</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7795 SW 6th Street</b> <b>Plantation, FL. 33324</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>BARRINGER, JOHN</b> <b>1331 SW 1ST AVE.</b> <b>FT. LAUDERDALE, FL 33315</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900061112409</b> <b>11/02/05--01031--001 **158.75</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Doug Marone</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>10/10/05</u> Daytime Phone # _____			