

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -7 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000041319

1. Corporation Name

SIDCO ENTERPRISES, INC.

2. Principal Office Address

1879 CARAVAN TRAIL

Suite, Apt. #, etc.

#104

City & State

JACKSONVILLE, FL

Zip

32216

Country

DUVAL

3. Mailing Office Address

1879 CARAVAN TRAIL

Suite, Apt. #, etc.

#104

City & State

JACKSONVILLE, FL

Zip

32216

Country

DUVAL

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/17/02

5. FEI Number

04-3645155

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

JOEL M. JOHNS

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

350 MISTY HOLLOW DRIVE WEST

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32225

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

REGISTERED AGENT MUST SIGN

Date

2/11/05

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/S/T/ D | JOEL M. JOHNS | 350 MISTY HOLLOW DRIVE WEST | JACKSONVILLE, FL 32225 |
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REINSTATEMENT

63-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel M. Johns

2/11/05

Date

904-725-9106

Daytime Phone #

CR2E081 (01/05)