2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000082522

Entity Name: SAYEDA ENTERPRISES, INC

FILED Oct 05, 2006 Secretary of State

| Littly Na | IIIE. SATEDA | LIVIERFRISES, INC. | | | |
|---|--|---|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| | 17TH WAY C, FL 33309 | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | 17TH WAY C, FL 33309 | | | | |
| FEI Number | : 16-1618515 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| | GIR 17TH WAY C, FL 33309 | US | | | |
| | e named entity s e of Florida. | submits this statement for the | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | RE: JAGIR AL | AM | | | |
| | Electron | ic Signature of Registered Ag | ent | Date | |
| | | 3(2)(b), F.S., the corporation did no g Trust Fund Contribution(). | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () ALAM, JAGIR 4566 NW 17TH TAMARAC, FL | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | ISLAM, MOHAN 1665 SW 28TH | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S () ALAM, MOHAM 4566 NW 17TH TAMARAC, FL | WAY | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAGIR ALAM P 10/05/2006