

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

05 MAY 31 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P 02000086699

SIAS CONVENIENCE INC.

2. Principal Office Address

7120 KIMBERLY BLVD

3. Mailing Office Address

8799 HOLLY COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

NORTH LAUDERDALE FL

City & State

TAMARAC FL

Zip

33068

Country

USA

Zip

33321

Country

USA

REINSTATEMENT

03-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

N/A

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

RAJU MANIAR

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

7737 N UNIVERSITY DR

Suite, Apt. #, Etc.

SUITE #201

City

TAMARAC

State
FL

Zip Code

33321

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

[Signature]

Date 02/17/05

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
P	CHOWDHURY SHABBIR	8799 HOLLY COURT #201	SUNRISE FL 33321

10. I certify that I am an officer or director of 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

02/17/05

Date

Daytime Phone #

CR2E081 (01/04)