

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000056383

1. Corporation Name

SIANLU CORP

2. Principal Office Address - No P.O. Box #

10726 NW 58 ST

Suite, Apt. #, etc.

City & State

DORAL FL

Zip

33178

Country

DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

10 APR 13 PM 1:23

SECRETARY OF STATE

TALLAHASSEE, FL

200174537452

04/13/10--01007--002 **150.00

REINSTATEMENT 08-10

200174537452

04/06/10--01002--011 **300.00

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 05/21/2003

5. FEI Number

432015356

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

Rise Taxes and Credit Sol

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

10726 NW 58 ST

Suite, Apt. #, Etc.

Doral FL

City

State

FL

Zip Code

33178

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 3/15/10

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
PD	SIDLE ROLDAN	174 RIVERWALK CR	SUNRISE FL 33326
VD	ZAIDA PARADA	174 RIVERWALK CR	SUNRISE FL 33326
			24/12

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Sidle Roldan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/3/10

Daytime Phone #