2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED SECRETARY OF STATE **DOCUMENT # P04000041115** DIVISION OF CORPORATIONS 1. Entity Name SIDDIQ, INC. 97 MAR -8 AM 7:53 REINSTATEMENT Principal Place of Business Mailing Address 1910 WELLS ROAD 1910 WELLS ROAD **#KI-11 ORANGE PARK MALL #KI-11 ORANGE PARK MALL** ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Italian lewell Suite, Apt. #, etc. Suite, Apt. #, etc. REIN-P CR2E098 (1/07) 02122007 City & State City & State 4. FEI Number Applied For KIFL grange Par 20-0813061 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIDDIQ, SAQIB Street Address (P.O. Box Number is Not Acceptable) 1970 WELLS ROAD #KI-11 ORANGE PARK MALL ORANGE PARK, FL 32073 City Zip Code 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. 03/16/07--01011--016 **300.00 SIGNATURE Signature, typed or printed name of registered agont and little if applicable. (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTEARIB SIDDIA TITLE PSTR ☐ Defete TITLE Change NAME SADDIQ, SAQIB STREET ADDRESS 198 ARORA BLVD, APT 405 STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-ZIP TITLE VP ☐ Delete TITLE Addition Change habana sibbio NAME 464 # 1011 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TILLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Maddition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZtP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, 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: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone 4