2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000107036

Entity Name: SIDDHNATH, INC.

FILED Oct 06, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	ERLY RISE BL\ D, FL 33813	/D.			
Current Mailing Address:			New Mailing Address:		
5494 BEVERLY RISE BLVD. LAKELAND, FL 33813					
FEI Number:	54-2156405	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	HANG C ERLY RISE BL\ D, FL 33813	/D. US			
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.					
SIGNATUR	RE: PATEL V	IHANG C.			
Electronic Signature of Registered Agent			nt	Date	
		8(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () PATEL, KALPES 5494 BEVERLY LAKELAND, FL	RISE BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () PATEL, UDAYG 2648 HIGHLAND LAKELAND, FL	VUE PKWY.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () PATEL, VIHANG 2339 MILES CT LAKELAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () PATEL, PARIMA 2339 MILES CT LAKELAND, FL		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 Section 119.07(3)(i), 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: PATEL KALPESH J. PD 10/06/2005