

FILED

SECRETARY OF STATE
TALLAHASSEE, FL.

500421712515
01/11/24--01005--010 *\$1650.00

4. Date Incorporated or Qualified To Do Business in Florida	11-29-17
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5. FEI Number	X	Applied For
		Not Applicable

6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
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Name	Sidama Investment and Development LLC
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Street Address (P.O. Box Number is Not Acceptable)
1411 NW 114th St

Suite, Apt. #, Etc.

City	Miami	State	FL	Zip Code	33168
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Signature of
Registered Agent _____
REGISTERED AGENT MUST SIGN

Date 12/29/23

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Witner Fertilen	1141 NW 114th St	Miami FL 33168
		2018 - 2024	
			APR 04 2024
			D. CUSHING

(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 517, 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

SIGNATURE: [Signature] 12-28-23 305-987-9741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #