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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000003213

1. Corporation Name

Sirs Investment Group, Inc.

REINSTATEMENT 8-8-03

2. Principal Office Address	3. Mailing Office Address
1146 N. University Drive	1146 N. University Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, FL 33065	City & State: Coral Springs, FL 33065
Zip: 33065 Country: USA	Zip: 33065 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1-12-95

5. FEI Number: 65- 0547742 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Raju Maniar

Street Address (P.O. Box Number is Not Acceptable): 6635 W. Commercial Boulevard

Suite, Apt. #, Etc.: Suite 115

City: Tamarac State: FL Zip Code: 33319

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: R Maniar Date: 7/30/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S	Iqbal Panjwani	10437 N. 48th Manor Coral Springs, FL 33065	

10. 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., and 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 71(8.07(5)(f), 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] 7/30/03 (954) 439-4090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

SYK

CORPORATION REINSTATEMENT

SIRS INVESTMENT GROUP, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
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