

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000027711

1. Corporation Name

SIDNEY ENTERPRISES, INC.

Principal Place of Business

818 90TH AVENUE NORTH
ST PETERSBURG FL 33702

Mailing Address

818 90TH AVENUE NORTH
ST PETERSBURG FL 33702

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/1997

5. FEI Number

59-3439780

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SIDNEY, ALLAN	818 90TH AVENUE NORTH	ST PETERSBURG FL 33702

600024567746
11/10/03--01082--002 **150.00

8. Name and Address of Current Registered Agent

SIDNEY, ALLAN
818 90TH AVENUE NORTH
ST PETERSBURG FL 33702

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Signature of
Registered Agent

Allan H. Sidney
REGISTERED AGENT MUST SIGN

Date

Oct 15 2003

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Allan H. Sidney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 15 2003 (727) 570-8609

CR2E040 (7/03)

October 31st 2003.

Florida Department of State

Re: Request: Waiver of Reinstatement Fee

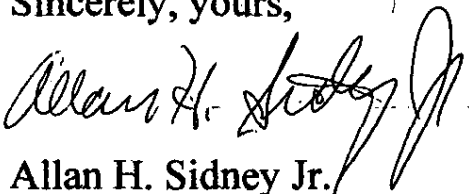
To whom it may concern:

Beginning in early April of 2003 construction and renovations to our residence have been continuing. Regretfully and in the confusion it seems that the records may have been misplaced. Between myself, my wife and my Accountant the 2003 Report was not filed in a timely fashion.

Therefore, I request a one time waiver of the reinstatement fee.

My past history would indicate that I might be granted such a waiver as my pervious years and payments have **always** been timely. I am a small corporation trying to make a solid go of it and would appreciate such an exemption and the financial relief it would afford.

Sincerely, yours,

A handwritten signature in cursive script, appearing to read "Allan H. Sidney Jr.", written over a horizontal line.

Allan H. Sidney Jr.
CEO / Sidney Enterprises Inc.