

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

99 NOV -8 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000075774

1. Corporation Name

SDS PROPERTIES INVESTORS GROUP, INC. OF MID FLO
RIDA

Principal Place of Business

Mailing Address

4014 BILLINGSGATE ROAD
ORLANDO FL 32839-7515

4014 BILLINGSGATE ROAD
ORLANDO FL 32839-7515



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

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3538881

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SHAKH, STEWART D	4014 BILLINGSGATE ROAD	ORLANDO FL 32839
p	SHAIKH, HABIB	4014 BILLINGSGATE ROAD	ORLANDO FL 32839
			600003046276--0 -11/16/99-01092-003 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHAIKH, HABIB U
4014 BILLINGSGATE ROAD
ORLANDO FL 32839-7515

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.

Signature of
Registered Agent

Date

Oct 16, 99

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct. 16, 99

(407) 849-6796
Fax (407) 849-1406

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October 18, 1999

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Re: Document # P98000075774
SDS Properties Investors Group,
Inc. of Mid Florida

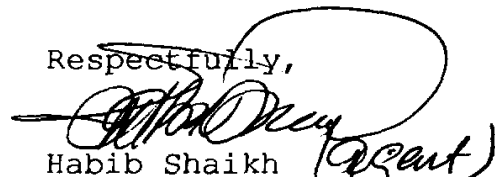
To Whom It May Concern:

Please find enclosed, my check in the amount of
\$ 150.00, representing the fee to continue the
above shown corporation as active status.

I did not receive notification for the status
update and I do not feel a reinstatement fee is
justified. I will be more diligent in the future
as I have the appropriate reminders at hand.

Thank you for your cooperation.

Respectfully,


Habib Shaikh (agent)
4014 Billingsgate Rd
Orlando, FL 32839-7515