

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 AUG 28 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000076342

1. Corporation Name

Sid & Associates

REINSTATEMENT 01-06

2. Principal Office Address

112 Thomas Rd

Suite, Apt. #, etc.

3. Mailing Office Address

112 Thomas Rd

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33023

Country

Broward

City & State

Hollywood, FL

Zip

33023

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

9/2/98

5. FEI Number

650867444

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sidney Ellison

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

112 Thomas Rd

Suite, Apt. #, Etc.

City

Hollywood

State
FL

Zip Code

33023

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Sidney Ellison

Date 8/23/06

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	Adrienne McSweeney	112 Thomas Rd	Hollywood, FL 33023

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., 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 contained in Chapter 119, 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:

Adrienne McSweeney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/06

Date

954-987-4333

Daytime Phone #