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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F04000003851					
1. Corporation Name SIGA Technologies, Inc.					
2. Principal Office Address 4380 27th Court SW			3. Mailing Office Address 420 Lexington Avenue		
Suite, Apt. #, Etc. Building 1 Suite 104			Suite, Apt. #, etc. Suite 408		
City & State Naples, FL			City & State New York, NY		
Zip 34116	Country USA	Zip 10170	Country USA		

REINSTATEMENT 05

4. Date Incorporated or Qualified To Do Business in Florida December 28, 1995	
5. FEI Number 13-3864870	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>See 756.600 for information required for a certificate of status.</small>	

7. Name and Address of Current Registered Agent	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
Suite, Apt. #, Etc.	
City Tallahassee	State / Zip Code FL 32301-2525

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: Laura R. Dunlap **Laura R. Dunlap** as its agent Date: 11/2/05
REGISTERED AGENT MUST SIGN

8. 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
CD	Donald G. Drapkin	35 East 62nd Street	New York, NY 10021
CEO	Bernard L. Kasten	4380 27th Court SW	Naples, FL 34116
CFO	Thomas N. Konatich	18 Plymouth Road	Port Washington, NY 11050
CSO	Dennis E. Hruby PhD	2262 N.W. Independence Highway	Albany, OR 97321
D	James J. Antal	30952 Steeplechase Dr.	San Juan Capistrano, CA 92675

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 under section 119.07(3)(D), 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: Thomas N. Konatich **Thomas N. Konatich** Date: 11-1-05 202 672 9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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K. Eckel NOV -2 2005

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

SIGA TECHNOLOGIES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$758.75