2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

05 NOV -2 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000066997

1. Entity Name
SIGLAS, INC

Principal Place of Business	Mailing Address
10830 SW 84 ST SUITE E-1 MIAMI, FL 33173	10830 SW 84 ST SUITE E-1 MIAMI, FL 33173

10312005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
11060 N Kendall Dr	11060 N Kendall Dr. #3
Suite, Apt. #, etc.: #3	Suite, Apt. #, etc.
City & State: MiAMi Fl	City & State: MiAMi Fl
Zip: 33176 Country: USA	Zip: 33176 Country: USA

4. FEI Number: 134279335 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOYA, LUIS A 10830 SW 84 ST MIAMI, FL 33173	Name: MOYA Luis A Street Address (P.O. Box Number is Not Acceptable): 14873 SW 104 st #103 City: MiAMi FL Zip Code: 33196

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOYA, LUIS A 10830 SW 84 ST MIAMI, FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MOYA, LUIS A 14873 SW 104 ST #103 MiAMi FL 33196.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FERNANDEZ, FLORENCIO 11132 NW 35 ST SUNRISE, FL 33351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300061450383 11/15/05--01077--014 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Javier antonio CAMPILLO 7830 CAMINO Real K-305 MIAMI FL 33143	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 10/31/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. Bolan NOV - 3 2005