PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 29 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000084838**

1. Corporation Name

SIGMA TELECOMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
10271 NORTHWEST 46TH STREET SUNRISE FL 33351	10271 NORTHWEST 46TH STREET SUNRISE FL 33351

500008813475
11/05/02--01082--019 **150.00

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

4. Date Incorporated or Qualified To Do Business in Florida: **08/28/2001**

5. FEI Number: 65-1133346 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	HATUKA, RAN	10271 NORTHWEST 46TH STREET	SUNRISE FL 33351

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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

CR2E040 (8/02)

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.

SPIEGEL & UTRERA, P.A.

Signature of Registered Agent By: SIGNATURE REQUIRED Date 10/28/02

Natalia Utrera, Vice President
PRINCIPAL OFFICER 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 REQUIRED RAN HATUKA 10-23-02 (954)749-5650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGMA
Telecommunications
Inc.

10271 NW 46 Street
Sunrise, FL 33351

(954) 749-5650
Fax (954) 749-5369

Lucent & Nortel Products

State of Florida
Department of State
Division of Corporations

SIGMA Telecommunications would like to inform you that we have not received any previous notices of the requirement to file a 2002 uniform business report (UBR). Prior UBR notices have not been received by our agent either. For this reason we request that you waive the reinstatement penalty. We are submitting to you at this time our application for reinstatement with the appropriate UBR filing fee. Upon awareness, we are happy to comply with any regulations in a timely manner.

Ran Hatuka
President