

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002206

1. Corporation Name

Sigma Consulting Group, Inc.

2. Principal Office Address

10305 Airline Hwy.

Suite, Apt. #, etc.

City & State

Baton Rouge, LA

Zip
70816

Country
U.S.

3. Mailing Office Address

10305 Airline Hwy.

Suite, Apt. #, etc.

City & State

Baton Rouge, LA

Zip
70816

Country
U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/28/1994

5. FEI Number

72-1105441

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

Michael N. Dooley

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

7311 Spinnaker Court

Suite, Apt. #, Etc.

City

Navarre Beach

State
FL

Zip Code
32566

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

Michael N. Dooley

REGISTERED AGENT MUST SIGN

Date 12/20/2005

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
P	Stephen J. Brasuell	67 Rue Dus	Madisonville, LA 70447
V	Michael N. Dooley	7311 Spinnaker Court	Navarre Beach, FL 32566
T	Miles B. Williams	10711 Thistlewood	Baton Rouge, LA 70810

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)(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:

Michael N. Dooley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/2005

Date

(225)298-0800

Daytime Phone #

\$908.75 enclosed