

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P0000060258**

1. Corporation Name

CHARLES SIGLER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

400 FREEMAN ST.
NEW SMYRNA BCH FL 32168

400 FREEMAN ST.
NEW SMYRNA BCH FL 32168

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

4. Date Incorporated or Qualified To Do Business in Florida

06/16/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

-59-3660764

Not Applicable

Zip

Country

Zip

Country

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
D	SIGLER, CHARLES A	381 CASTLEWOOD LANE	NEW SMYRNA BCH FL 32168
			700004685897--6 -11/16/01--01082--012 ****750.00 ****750.00

REINSTATEMENT 01 78

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIGLER, CHARLES A
400 FREEMAN ST.
NEW SMYRNA BCH FL 32168

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

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.

Signature of Registered Agent

Charles A. Sigler
REGISTERED AGENT MUST SIGN

Date 10/25/01

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:

Charles A. Sigler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/01
Date

(386) 427-8433
Daytime Phone #

FILED
01 OCT 29 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/01)