

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000091245

1. Corporation Name

SEGMA CORP.

Principal Place of Business

17622 NW 62ND PLACE
MIAMI FL 33015

Mailing Address

17622 NW 62ND PLACE
MIAMI FL 33015

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/2000

5. FEI Number

65-1045564

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
D	CISNEROS, ANTONIO	17622 NW 62ND PLACE	MIAMI FL 33015
D	CISNEROS, MARINA	17622 NW 62ND PLACE	MIAMI FL 33015
			200004669792--4 -11/06/01--01089--005 ***158.75 ***158.75

8. Name and Address of Current Registered Agent

CISNCVOS, ANTONIO
17622 NW 62ND PLACE
MIAMI FL 33015

9. Name and Address of New Registered Agent

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

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

REGISTERED AGENT MUST SIGN

Date 10/16/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2al²

SEGMA CORP.
17622 NW 62nd Place
Miami, Florida 33015
(305) 823-8420

October 15, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: EIN#65-1045564
Document #: P00000091245

Dear Sirs:

Enclosed is my Profit Corporation Annual Report for 2001 along with a check in the amount of \$150.00. I did not receive the original annual report form and was unaware that I had to file a corporate annual report. Kindly abate all penalties for late filing.

Should you have any questions, do not hesitate to contact me at (305) 823-8420

Sincerely,



Marina Cisneros

Enclosure