

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 21 PM 2:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000018374

1. Corporation Name

SIGMA PURCHASING AND ADVISORY SERVICES, INC.

Principal Place of Business

2706 HORSESHOE DR. SOUTH. STE. 206
NAPLES FL 34104

Mailing Address

2706 HORSESHOE DR. SOUTH. STE. 206
NAPLES FL 34104



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

02/19/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2608107

Applied For

Not Applicable

City & State

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES	HAMBY, DANIEL B JR.	2706 HORSESHOE DR SOUTH SUITE 206	NAPLES, FL 34104
V.P	✓	✓	✓
SEC	✓	✓	400009155184 11/21/02--01099--011 **150.00
TRSA	✓	✓	✓

8. Name and Address of Current Registered Agent

HAMBY, DANIEL B JR
2706 HORSESHOE DR. SOUTH, STE. 206
NAPLES FL 34104

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

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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 #

CR2E040 (8/02)

Sigma Purchasing and Advisory Services, Inc.
2706 Horseshoe Dr. South, Suite 206
Naples, FL 34104
Tel. (941) 348-2752

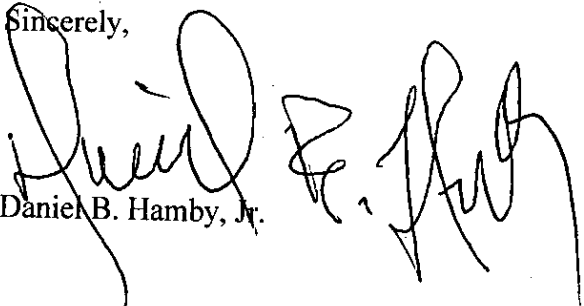
Division of Corporations
Annual Report/ Reinstatements
P.O. Box 6327
Tallahassee, FL 32314-6327
November 6, 2002

Dear Sir:

Please find enclosed the Application for Reinstatement by Sigma Purchasing and Advisory Services, Inc (SPAS). We did not receive any prior UBR filing fee notices. We are therefore enclosing a \$150.00 check for the filing fee to file the report.

After your review, please call if you have any questions or comments.

Sincerely,


Daniel B. Hamby, Jr.