

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 17 PM 5:16

DOCUMENT # P03000015768

1. Corporation Name

SYGA EXPORTS, INC

2. Principal Office Address

12184 NW 53rd STREET

3. Mailing Office Address

12184 NW 53rd STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS

City & State

CORAL SPRINGS

Zip

33076

Country

USA

Zip

33076

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/2003

5. FEI Number

11-3679468

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 05-06

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

SYDNEY M. PHILLIPS

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

12184 NW 53rd STREET

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33076

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

Date 11/14/06

REGISTERED AGENT MUST SIGN

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/T/S	SYDNEY M. PHILLIPS	7526 NW 115 TERRACE	PARKLAND, FL 33076

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 contained in Chapter 119, 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

11/14/06
Date

(954) 557-0203
Daytime Phone #