2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 29 PM 1:16

DOCUMENT # P03000032998

1. Entity Name
SIGRID ASSOCIATES, INC.

REINSTATEMENT 04-05

Principal Place of Business	Mailing Address
1601 W 24 STREET SUNSET ISL #3 MIAMI BEACH, FL 33140	1601 W 24 STREET SUNSET ISL #3 MIAMI BEACH, FL 33140

02212005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
1601 W. 24 STREET SUNSET ISL #3	1601 W. 24 STREET SUNSET ISL #3
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH, FL	City & State: MIAMI BEACH FL
Zip: 33140 Country: USA	Zip: 33140 Country: USA

4. FEI Number: 43-2009912 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	Name: GAIL POSNER Street Address (P.O. Box Number is Not Acceptable): 1601 WEST 24TH STREET, SUNSET ISLAND #3 City: MIAMI BEACH FL Zip Code: 33140

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X Gail Posner 8/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT GAIL POSNER 1601 WEST 24TH STREET, SUNSET ISLAND #3 MIAMI BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY STUART BECKER C/O JH COHN LLP - Becker & Co Div 12 12 6TH AVENUE NEW YORK, NY 10036	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400059065464 08/29/05--01046--004 **900.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Gail Posner 8/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #