2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000000097

1. Entity Name
SIGRID SECURITY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 29 PM 1:18

REINSTATEMENT 04-05

Principal Place of Business	Mailing Address
1601 WEST 24TH STREET SUNSET ISLAND #3 MIAMI BEACH, FL 33140	1601 WEST 24TH STREET SUNSET ISLAND #3 MIAMI BEACH, FL 33140

10252004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
1601 W. 24TH ST., SUNSET ISLAND #3	1601 W. 24TH ST., SUNSET ISLAND #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 71-0958344 ☐ 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
A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351	Name: GAIL PORNER 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 Porner 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 $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT GAIL PORNER 1601 WEST 24th street, SUNSET ISLAND #3 MIAMI BEACH, FL 33140 ☐ 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 1212 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600059065516 08/29/05--01046--005 **900.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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

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 Porner 8/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #