

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P12492**

1. Corporation Name

**SIGMA CONSTRUCTION CO., INC.**

Principal Place of Business

2991 DOC BENNETT ROAD  
PO DRAWER 35328  
FAYETTEVILLE NC 28303  
US

Mailing Address

2991 DOC BENNETT RD  
PO DRAWER 35328  
FAYETTEVILLE NC 28303  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/12/1986

5. FEI Number

56-1423170

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MARTIN, DAVID	6930 SOUTH STAFF ROAD	FAYETTEVILLE NC
SD	DRAKE, STEPHEN	RT. 2, BOX 240	LINDEN NC
D	MARTIN, DESMA L	6930 SOUTH STAFF ROAD	FAYETTEVILLE NC
TD	MARTIN, JASON E	6930 SOUTH STAFF ROAD	FAYETTEVILLE NC
<b>REINSTATEMENT 1998-99</b>			
<i>A. Allen</i> <i>Jan 26, 1998</i>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

400002415234--E

Suite, Apt. #, Etc.

-01/28/98--01105--017

City

\*\*\*\*300.00

\*\*\*\*300.00

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

*Vicky Goldstein*

REGISTERED AGENT MUST SIGN

VICKY GOLDSTEIN

SPECIAL ASSISTANT SECRETARY

Date

1/16/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Sandra B. Mortham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/98  
Date

910-323-1168  
Daytime Phone #

CR20040 (8/97)