

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
99 JAN 19 AM 11:52  
TALLAHASSEE, FLORIDA

DOCUMENT # **PA3000057977**  
1. Corporation Name **Sigo Crafters, Inc.**

Principal Place of Business: **Sigo Crafters, Inc. 303 CC N US Hwy 27 P.O. Box 120730 Cleemont, FL 34712**  
Mailing Address: **Sigo Crafters, Inc 303 CC N US Hwy 27 P.O. Box 120730 Cleemont, FL 34712**

**REINSTATEMENT**  
4. Date Incorporated or Qualified To Do Business in Florida: **8-15-1993**  
5. FEI Number: **59-3198350**  
6. CERTIFICATE OF STATUS DESIRED  **\$8.75 Additional Fee required for a Certificate of Status**

2. New Principal Office Address, If Applicable: **303 N US Hwy 27 C.C. Cleemont, FL 34711 LAKE**  
3. New Mailing Office Address, If Applicable: **P.O. Box 120730 Cleemont, FL 34712 LAKE**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Solis, CARLOS	143 Montrose St.	Cleemont, FL 34711
D	Solis, SANDRA M.	143 Montrose St.	Cleemont, FL 34711

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\*\*\*1208.75 \*\*\*1208.75

8. Name and Address of Current Registered Agent  
**Solis, SANDRA M. Sigo Crafter, Inc. 143 Montrose St. Cleemont, FL 34714**

Signature of Registered Agent: *[Signature]*  
REGISTERED AGENT MUST SIGN

9. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): **143 Montrose St**  
Suite, Apt. #, Etc.: \_\_\_\_\_  
City: **Cleemont**  
State: **FL** Zip Code: **34711**

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.  
Date: **1-13-99**

11. This corporation owes 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: *[Signature]* SANDRA M. Solis 1-13-99 (352) 394-4999 (352) 354-2072  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)