

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000087164

1. Entity Name
SIGIBIAL INTERNATIONAL SUPPLIES, INC.



FILED

05 OCT 17 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7311 NW 79 TERR
MIAMI, FL 33166

Mailing Address
601 SW 57 AVE
STE E
MIAMI, FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10132005

REIN-P

CR2E098 (6/04)

4. FEI Number

65-0536908

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

CASERTA, SILVIA
7311 NW 79 TERR
MIAMI, FL 33166

Name

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

City

FL

Zip Code

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 *Maria E Amundaray* MARIA E AMUNDARAY 10-13-05
Signature typed or printed name of registered agent and title if applicable. (Not for Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME AMUNDARAY, MARIA LIZ
STREET ADDRESS 1AA A STA EDUVIGES EDIF PRINANEIQ P6#52
CITY-ST-ZIP CARACAS VENEZUELA, 1662

TITLE S/T ☐ Delete
NAME CASERTA, SILVIA
STREET ADDRESS 7585 SW 152 AVE G 204
CITY-ST-ZIP MIAMI, FL 33193

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500060691375
CITY-ST-ZIP 10/18/05--01006--001 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Maria E Amundaray* MARIA E AMUNDARAY 10-13-05 (305) 2662428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #