

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -4 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000044006**

1. Corporation Name
SIGNA PROPERTY INVESTMENTS, INC.

2. Principal Office Address
2424 S.W. 104th Ct.

3. Mailing Office Address
13800 S.W. 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Box # 405

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33165

Country
U.S.

Zip
33184

Country
U.S.

REINSTATEMENT 02-05

4. Date Incorporated or Qualified
To Do Business in Florida **06-07-1995**

5. FEI Number
650597728

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Andy Martinez C.P.A. P.A.

Street Address (P.O. Box Number is Not Acceptable)
9485 S.W. 72nd Street

900048847809
03/22/05--01027--005 **120 .75

Suite, Apt. #, Etc.
A-225

City
Miami

State Zip Code
FL 33173

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Handwritten Signature]

Date **3/2/05**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Eufemia Trujillo	2424 S.W. 104th Ct.	Miami, FL 33165

10. 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 *Eufemia Trujillo* Eufemia Trujillo

03-02-2005

(305) 225-2891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (07/06)