

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION



REINSTATEMENT DOCUMENT # P97000046841

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name

SIGA DESIGNS U.S.A. CORP.

Principal Place of Business

678 WOODCREST ROAD  
KEY BISCAIYNE FL 33149

Mailing Address

678 WOODCREST ROAD  
KEY BISCAIYNE FL 33149



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

4. Date Incorporated or Qualified To Do Business in Florida

05/28/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0764378

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	4 City / State / Zip
P	SILVERMAN, ERIC	417 PARK AVE 9S	NY NY 10022
VP	SILVERMAN, MARGARETHA	417 PARK AVE 9S	NY NY 10022

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-03/14/00--01044--006  
\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWN, MORTON P  
100 SE 2ND STREET, 17TH FLOOR  
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, do hereby with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*[Handwritten Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

1/25/00

CR2EM40 (8/99)

11. 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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00  
Date

Daytime Phone #

KE