
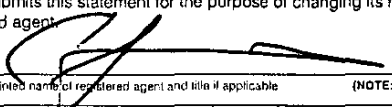
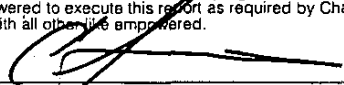


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000046841 1. Entity Name SIGA DESIGNS U.S.A. CORP.						FILED 05 NOV -3 PM 5:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5745 PINETREE DR. MIAMI BEACH, FL 33140				Mailing Address 675 THIRD AVE 23 FLOOR HOROWITZ & CO. LLP NEW YORK, NY 10017			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent BROWN, MORTON P 100 SE 2ND STREET, 17TH FLOOR MIAMI, FL 33131				7. Name and Address of New Registered Agent Name: <u>ERIC SILVERMAN</u> Street Address (P.O. Box Number is Not Acceptable): <u>5700 LAGRANGE DRIVE</u> City: <u>MIAMI BEACH FLA.</u> Zip Code: <u>33140</u>			
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:  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE: <u>10/28/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVERMAN, ERIC 5745 PINETREE DR. MIAMI BEACH, FL 33140			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVERMAN, MARGARETHA 5745 PINETREE DR. MIAMI BEACH, FL 33140			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400061140934 11/03/05--01045--003 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 information.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>10/28/05</u> <small>Daytime Phone #</small>			