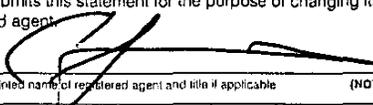
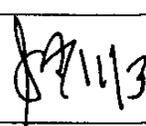
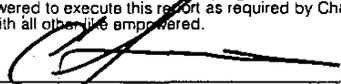


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000046841						FILED 05 NOV -3 PM 5: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name SIGA DESIGNS U.S.A. CORP.							
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			10062005 REIN-P CR2E098 (6/04)	
Zip		Country	Zip		Country	4. FEI Number 65-0764378	
5. Certificate of Status Desired <input type="checkbox"/>						Applied For Not Applicable	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent	
BROWN, MORTON P 100 SE 2ND STREET, 17TH FLOOR MIAMI, FL 33131						Name <u>ERIC SILVERMAN</u>	
						Street Address (P.O. Box Number is Not Acceptable) <u>5700 LAGRACE 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 				DATE <u>10/28/05</u>			
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)			
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	<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	VP SILVERMAN, MARGARETHA 5745 PINETREE DR. MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400061140904 <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: 				DATE <u>10/28/05</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			