

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB -7 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

SIGERTRONIC SYSTEMS CORP.

PA7-0000
76370

2. Principal Office Address

6030 HOLLYWOOD BLVD

Suite, Apt. #, etc.

SUITE 220

City & State

HOLLYWOOD, FL

Zip

33024

Country

USA

3. Mailing Office Address

6030 HOLLYWOOD BLVD

Suite, Apt. #, etc.

SUITE 220

City & State

HOLLYWOOD, FL

Zip

33024

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/97

5. FEI Number

65 0779429

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT BENNETT

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

6030 HOLLYWOOD BLVD

Suite, Apt. #, Etc.

SUITE 220

City

HOLLYWOOD

State
FL

Zip Code

33024

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/4/03

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
PTSM	ROBERT BENNETT	1610 SW 116th AVE	PEMBROKE PINES, FL 33025
VD	DAVID ESQUIVEL	11671 SW 17th ST.	PEMBROKE PINES, FL 33025
D	CRIS MUNNINGS	30 NEWTOWN BARRACKS	BELIZE CITY, BELIZE

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:

[Signature]

ROBERT BENNETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03

Date

(954) 983-6060

Daytime Phone #

CR2E081 (10/02)

213



February 4, 2003

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee
FL 32314

Dear Sir/Madam

RE: SIGERTRONIC SYSTEMS CORPORATION

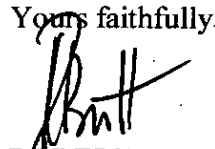
It has come to our attention that our company has been rendered inactive by the Department of State.

In June 2001, our business was relocated from **2450 Hollywood Boulevard, Ste 406, Hollywood, FL 33020** to **6030 Hollywood Boulevard, Suite 220, Hollywood, FL 33024**. As a result, it would appear that notices sent by your Department, for the payment of the annual fees were never received by us.

Our records should indicate that since incorporation, this would be the first time, we have every missed a payment of our annual fee. In this regard, we are requesting your consideration in granting us a waiver of the reinstatement fee of Nine Hundred Dollars (\$900.00) quoted.

Please also take this opportunity to update your records, with our current address. We enclose a check for Three Hundred Dollars (\$300.00) to cover the fees for 2002 and 2003 pending your consideration of our request.

Yours faithfully


ROBERT BENNETT
PRESIDENT