

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -3 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000093510**

1. Corporation Name

SIGO, INC.

600023545246
10/03/03--01063--007 **150.00

REINSTATEMENT 03

2. Principal Office Address

5220 NW 72 Ave

3. Mailing Office Address

5220 NW 72 Ave

Suite, Apt. #, etc.

#A-5

Suite, Apt. #, etc.

#A-5

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-30-1997

5. FEI Number

65-0791731

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

ALVIN S RASKIN

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

11600 SW 72 Ave

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33156

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

10/1/03

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
DTSP	ALVIN S. RASKIN	11600 SW 72 Ave	MIAMI, FL 33156

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] **ALVIN S RASKIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/1/03

Daytime Phone #

305-463-7071

CR2E081 (10/02)

7/10/7

SIGO, INC.
5220 NW 72nd Avenue, Suite A-5
Miami, Florida 33166

October 01, 2003,

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

Re: Corporate reinstatement 2003

To whom it may concern:

This letter is to confirm that notice for renewal was never received at the corporate address of Sigo, Inc. (document # P97000093510) for the required 2003 corporate renewal.

Therefore, as per your policy, I would like to request that you accept the attached reinstatement form and payment in the amount of \$150.00 and reinstate said corporation immediately.

Thank you for your prompt attention to this matter. Should it be necessary I can be reached at 305-463-7071 during normal business hours.

Regards,
Sigo, Inc

A handwritten signature in black ink, appearing to be 'AL Raskin', written over a horizontal line.

AL Raskin
President