

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 12:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**APPLICATION
 FOR
 REINSTATEMENT**

DOCUMENT # P99000030939

1. Corporation Name

SIPCO, INC.

Principal Place of Business

Mailing Address

1592 BLUE JAY CIR
 WESTON FL 33327

1592 BLUE JAY CIR
 WESTON FL 33327

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

Not Incorporated or Qualified
 To Do Business in Florida

04/05/1999

5. FEI Number

65-0914734

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$0.75 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
PSTD	KABBARA, ADNAN	1592 BLUE JAY CIR	WESTON FL 33327
VPD	LANZ, IVAN	1592 BLUE JAY CIR	WESTON FL 33327

000024567210
 11/10/03--01077--020 **\$500.00
 000024567210
 11/10/03--01077--021 **\$150.00

8. Name and Address of Current Registered Agent

LEVINE & SEGAUL, P.A.
 4300 N UNIVERSITY DR, SUITE A-106
 FT LAUDERDALE FL 33351

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/6/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-08-03

Daytime Phone #

CR2E040 (7/03)