

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB -7 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000094165**

1. Corporation Name

SIGMA-TECH SALES, INC.

500065819585
02/14/06--01022--020 **450.00

CR2E081 (8/05)

2. Principal Office Address

11905 West Sample Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

11905 WEST SAMPLE RD

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs FL

Zip

33065

Country

USA

Zip

33065

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-19-99

5. FEI Number

65-094-5102

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

Alan Luboff

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

11905 WEST SAMPLE RD.

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

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]

Date **12-31-05**

REGISTERED AGENT MUST SIGN

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
PRESIDENT	Alan Luboff	6803 NW 116 AVE	PARKLAND, FL 33076
DIRECTOR	Melissa Luboff	6803 NW 116 AVE	PARKLAND, FL 33076

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-31-05

Date

954-575-2005

Daytime Phone #

page 2 of 2

SIGMA TECH SALES, INC.

11905 West Sample Road
Coral Springs, FL 33065
Phone (954) 575-2005
Fax (954) 575-2460

December 23, 2005

Florida Department of Revenue
Secretary of State
PO Box 6327
Tallahassee, FL 32314

RE: Sigma Tech Sales, Inc.
P99000074165
EIN 65-0945102

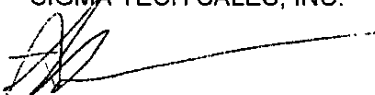
Per recent telephone conversation, with the department, this letter is a request to reinstate the Annual Report/Uniform Business Report status for our company.

We have not received any paperwork since 2003 and wish to reinstate. Our check, in the amount of \$450.00 is enclosed.

Thank you for your attention in the above.

Very truly yours,

SIGMA TECH SALES, INC.


Alan Luboff,
President