

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG 11 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200022480432
08/21/03--01052--001 **2408.75

DOCUMENT # F 96562

1. Corporation Name

SYGNET EQUITIES CORP.

REINSTATEMENT 92-03

2. Principal Office Address
C/O MAICAD
TWO STAMFORD LANDING
68 SOUTHFIELD AVENUE

Suite, Apt. #, etc.

280

3. Mailing Office Address
C/O MAICAD
TWO STAMFORD LANDING
68 SOUTHFIELD AVENUE

Suite, Apt. #, etc.

280

4. Date Incorporated or Qualified
To Do Business in Florida

AUGUST 24, 1982

5. FEI Number

59-2220489

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

City & State

STAMFORD, CT.

City & State

STAMFORD, CT.

Zip

06902

Country

U.S.A.

Zip

06902

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301-2525

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

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

Date

8/11/03

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
(D) PRES.	MELVIN KATV	TWO STAMFORD LANDING 68 SOUTHFIELD AVE. SUITE 280	STAMFORD, CT. 06902

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELVIN KATV

Date

8/7/03

Daytime Phone #

(203) 921-0441

CR2E081 (10/02)

8/12