

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004521**

1. Corporation Name

**SIERRA RIDGE CONDOMINIUM C ASSOCIATION, INC.**

Principal Place of Business

THE CONTINENTAL GROUP  
2950 N. 28TH TERRACE  
HOLLYWOOD FL 33020

Mailing Address

THE CONTINENTAL GROUP  
2950 N. 28TH TERRACE  
HOLLYWOOD FL 33020

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/06/1993

5. FEI Number

65-0485206

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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	City, State, Zip
PD	WRIGHT, MARCIA P	980 N.E. 214 LANE UNIT 2	MIAMI FL 33179
<del>VB</del>	<del>GORCO, JOSE E</del>	<del>980 N.E. 214 LANE UNIT 1</del>	<del>MIAMI FL 33179</del>
STD	HANSON, JERDINE M	950 NE 212 LN. #3	MIAMI FL 33179
VD	ROSARIO, REINA	950 NE 214 LN # 4	MIAMI, FL 33179
D	VALDES, JUSTINA	930 NE 214 LN # 4	MIAMI, FL 33179

8. Name and Address of Current Registered Agent

EISINGER, DENNIS  
4000 HOLLYWOOD BLVD.  
STE 265 SOUTH  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name **RICHARD STANTON**  
Street Address (P.O. Box Number is Not Acceptable)  
**80 SW 8TH STREET**  
Suite, Apt. #, Etc.  
**SUITE 2804**  
City **MIAMI** State **FL** Zip Code **33130**

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.

Signature of Registered Agent

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

11/18/01

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-27-01 305-638-6228

FILED

01 DEC -3 PM 6:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR20040 (8/01)