

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -1 PM 2: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000003072**

1. Corporation Name

SIERRA Ridge Condo "G" Association, INC.

2. Principal Office Address

2950 N 25th Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

2950 N 25th Terrace

Suite, Apt. #, etc.

City & State

Hollywood, Florida

City & State

Hollywood, Florida

Zip

33020

Country

Broward

Zip

33020

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0674821

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-05

7. Name and Address of Current Registered Agent

Name

KATZMAN & KOAR PA

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

1501 NW 49th Street

Suite, Apt. #, Etc.

Suite # 202

City

Fort Lauderdale

State
FL

Zip Code

33309

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

2/24/05

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
PD	BELNES, ISAAC	21300 NE 8 th CT # 4	N Miami, FL 33179
SP/TO	KLEINER, MARK	800 NE 212 Terr # 3	N Miami, FL 33179

04/11/02 90712 011 \$61.25
BR 3/4

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

[Handwritten Signature]

Date

2/22/05

Daytime Phone #

CR2E081 (07/04)

**SIERRA RIDGE PROPERTY OWNERS ASSOCIATION, INC.
21300 NORTHEAST 10TH AVENUE
NORTH MIAMI BEACH, FLORIDA 33179
OFFICE: 305-652-1414 FAX: 305-652-1413**

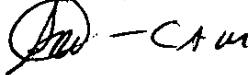
Date: Thursday January 26, 2005

To: Florida Department of State Division of Licensing
Attn: Michelle Milligan
Re: Condo "G" ref number N96000003072

As per our telephone conversation, I would really appreciate if you could assist me in getting Condo "G" reinstated. I need you to reference a check in the amount of \$61.25 submitted in 2002, and I am sending the balance of 358.75, as well as the completed reinstatement form.

Any questions please call the management office at 305-652-1414 or my cell 305-450-8448. Once again thank you very much for your assistance in this most delicate matter.

Sincerely,



Sergio Maldonado, C.A.M.
Property Manager