

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY 23 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 96 00000 3072

1. Corporation Name  
Sierra Ridge Condo "G"  
Association, INC.

2. Principal Office Address  
2950 N 28<sup>TH</sup> TURNpike

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Hollywood FL

City & State

Zip  
33020

Country  
Broward

Zip Country

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

7. Name and Address of Current Registered Agent

Name  
KATZMAN & KOKK, P. A.

Street Address (P.O. Box Number is Not Acceptable)  
5581 W OAKLAND PARK BLVD

700075970927  
06/08/06--01006--012 \*\*61 25

Suite, Apt. #, Etc.  
2ND FLOOR

City  
Lauderhill

State Zip Code  
FL 33313

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 X (ON file)

Date

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
Pres	HENDERSON, VENUS	800 NE 8 <sup>TH</sup> COAST # 2	N MIAMI BCH, FL. 33179
TD	DORIA, DONALD	21300 NE 8 <sup>TH</sup> COAST # 7	N MIAMI BCH, FL. 33179

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: *Donald Doria*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
4-18-06

Daytime Phone #

CR2E081 (01/04)