2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
2008 NOV 24 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000014752

1. Entity Name
SIERRA PAINTING INC.

Principal Place of Business
5105 TAYLOR RD N
IMMOKALEE, FL 34142 US

Mailing Address
5105 TAYLOR RD N
IMMOKALEE, FL 34142 US

11192008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	5105 Taylor Rd. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Immokalee FL
Zip / Country	Zip: 34142 / Country: Collier

4. FEI Number: 20-8355418 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALMANZA, FERMIN
5105 TAYLOR RD N
IMMOKALEE, FL 34142

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALMANZA, FERMIN 5105 TAYLOR RD N IMMOKALEE, FL 34142 ☐ Delete	☐ Change ☐ Addition 300138239573 11/24/08--01062--009 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALMANZA, HILDA 5105 TAYLORRD N IMMOKALEE, FL 34142 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition REINSTATEMENT 2008
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fermin Almanza — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 11-19-08 (Date) — (239) 825-8214 (Daytime Phone #)