PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.											
APE	PLICAT FOR	ION	FLORID/	Katherin	e Harri	_					
REINS	STATE	MENT	Secretary of State			FILED					
DOCUMENT # P40239						,	00	OCT 31 PM 3: 39			
1. Corporation Name							SECRETARY OF STATE				
SIERRA INTERNATIONAL INC.								TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address											
1 SIERRA PL C/O 4500 DC LITCHFIELD IL 62056 P.O. BOX 10 US TOLEDO OH				100							
If above a	ddresses are	incorrect in any way, line thro	US ough incorrect in	formation and	enter corre	ction below.	RFIN	STATEM	FNT	∞	
	Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida 08/27/1992						
Suite, Apt. #	otc.	2 . ST	_	5. FEI Numbe		06/27/1	Applied FoSP				
City & State		ENCE!	,			36-2643586		Not Applicable			
Zip Country Zip			Country			6. CERTIFICATE OF STATUS DESIRED 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)											
Title(s)	Name of Officers				Street Address of Each Officer and/or Director				$\Omega D_{rec}\Omega 1.13$	4006 **750.00	
<u> </u>	DALEY, ROBERT W				175 N. BRANFORD ROAD			BRANFORD CT 0	16405		
a	PHILIP KNISELY			997 LENOX DR., STE.111			TEIII				
-SVPD	LECKERLING, JON P.			997 LENOX DRISTEIN			LAWRENCEVILLE, NJOSES				
VPS VPS	TOHN A. YOUNG				AFOR DODD OF IDO BOY 1000			TOLEDO OH 43697			
VIS	THOMAS O'BRIEN			997 LENOX DR, STEIL			LAWRENCEVILLE, NUT 08618				
VPT	PATON, A. GLENN			4500 DORR ST. / P.O. BOX 1000			TOLEDO OH 43607				
VIa	JOHN SUPPARTH			897 LENOX DR. STEIL			E.III	LAWRENCEVILLE, NJ 08648			
VPD -	MADDEN, THOMAS			100 DOUBLE BEACH ROAD			LAWRENCEVILLE, NO 08648				
As_	TRACE BENISH						STE.III			104 08648	
-T				-4500 DORR ST./P.O. BOX 1000				TOLEDO OH 436	97		
8. Name and Address of Current Registered Agent							9. Name and	Address of New Regis	tered Agent		
-C T CORPORATION SYSTEM						Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays St. Suite, Apt. #, Etc.					
. 4.11					Ç	tyallo	hass.	e e	State Zip C	Code	

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 filling 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.

REGISTERED AGENT MUST SIGN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Signature of Registered Agent