

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002025

1. Corporation Name

SIERRA MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

~~1700 20TH AVE.~~
~~VERO BEACH FL 32900~~

~~1700 20TH AVE.~~
~~VERO BEACH FL 32900~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

9354 SOUTH FEDERAL HWY

CITY & STATE
PORT ST LUCIE FL

Zip
34952

Country

Suite, Apt. #, etc.

9354 SOUTH FEDERAL HWY

CITY & STATE
PORT ST LUCIE FL

Zip
34952

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/1996

5. FEI Number

65-0657503

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|---|--|---|
| PD | DIAZ, TERRENCE | 1700 20TH AVE. 12062 NW 11 St. | VERO BEACH FL 32900 PEMBROKE PINES, FL 33026 |
| | | | 800002423408--2 -02/06/98--01031--002 ****750.00 ****750.00 |
| | | | 800002423408--2 -02/06/98--01031--001 ****150.00 ****150.00 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

DIAZ, TERRENCE

~~1700 20TH AVE.~~

~~VERO BEACH FL 32900~~

9. Name and Address of New Registered Agent

Name

DIAZ, TERRENCE

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

12062 NW 11 St.

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33026

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

REGISTERED AGENT MUST SIGN

Date

10/30/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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

Date

10/30/97

Daytime Phone #

561-398-8288



REINSTATEMENT 97-98

FILED

98 FEB -2 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (8/97)