

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

2001 MAY 11 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000000672

1. Corporation Name

Sierra Contractors, Inc.

2. Principal Office Address

491 31st N.W.

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34120

Country

3. Mailing Office Address

801 E. Washington

Suite, Apt. #, etc.

210

City & State

Medina, OH

Zip

44256

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/4/98

5. FEI Number

341794645

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

Larry A. Wolny

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

491 31st N.W.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34120

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

REGISTERED AGENT MUST SIGN

Date

4/26/01

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
PT	Larry Wolny	491 31st N.W.	Naples, FL 34120
VS	Rusti Wolny	491 31st N.W.	Naples, FL 34120

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

Date

4/26/01 941-659-1555

Daytime Phone #