


To: FL Dept. of State
Subject: 000638.73548

From: Katie Wonsch

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panc/or

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		H07000213125 3 FILED 07 AUG 24 PM 1:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <i>P99000006196</i>					
1. Corporation Name West Palm Beach Sierra, Inc.					
2. Principal Office Address - No P.O. Box # 409 Broad Street			3. Mailing Office Address 409 Broad Street		
Suite, Apt. #, etc. Suite 203			Suite, Apt. #, etc. Suite 203		
City & State Sewickly, PA			City & State Sewickly, PA		
Zip 15143	Country USA	Zip 15143	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 12/01/1999	
				5. FEI Number 25-1847599	Applied For <input type="checkbox"/> Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SEE TO Admit and Reinstatement for a Certificate of Status</small>	
7. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
Suite, Apt. #, Etc.					
City Plantation				State FL	Zip Code 33324
8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 807.0506 or 617.0503, F.S.					
Signature of Registered Agent <i>[Signature]</i> Date 8-23-07					
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	
PCD	McGraw, Keith	409 Broad Street, Suite 203		Sewickly, PA 15143	
VD	Barris, Richard	10770 Greenbriar Villa Dr.		Fort Worth, FL 33467	
S	McCay, Augustus	3918 Chessrown Ave		Gibsonia, PA 15144	
VTD	Laport, Mark G	8601 Six Forks Road, Suite 540		Raleigh, North Carolina 27615	
REINSTATEMENT <i>05-07</i> <i>7</i> <i>5/24/07</i>					
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 807 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 807.0401 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 contained in Chapter 119, 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: <i>[Signature]</i> Date 8-23-07 Daytime Phone # 412-779-1112					

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

000638.73548

CORPORATION REINSTATEMENT

WEST PALM BEACH SIERRA, INC.

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