

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 19 AM 11:38

DOCUMENT # L01000010043

1. Limited Liability Company's Name

Sierra Mike, L.L.C.

2. Principal Office Address

7 Clearbrook Crossing

Suite, Apt. #, etc.

City & State

Ashville, NC

Zip

28803

Country

USA

3. Mailing Office Address

7 Clearbrook Crossing

Suite, Apt. #, etc.

City & State

Ashville, NC

Zip

28803

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

June 18, 2001

6. FEI Number

0716820350

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

800055534508
05/31/05--01074--002 **300.00

8. Name and Address of Current Registered Agent

Name

John P. Martin, PA.

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

401 South Lincoln Ave.

Suite, Apt. #, Etc.

City

Cleawater

State

FL

Zip Code

33756

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

8/9/05

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgmt	Melvin L. Helphrey	7 Clearbrook Crossing 104 Dutchman Ln	Ashville, NC 28803

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date

8/9/05

Daytime Phone #

828-654-9011

Typed or printed name of signing Managing Member/Manager

Melvin L. Helphrey

CR2E041 (10/02)