

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000005124

1. Limited Liability Company's Name

SIERRA WIRE SERVICES LLC

2. Principal Office Address - No P.O. Box #

5461 FRIARSWAY DR

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33624

Country

U.S.A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

01/15/2007

6. FEI Number

20-8230906

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name ROBIN SIERRA

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

5461 FRIARSWAY DR

Suite, Apt. #, Etc.

City

TAMPA

State
FL

Zip Code

33624

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/18/10

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
P	ROBIN SIERRA	5461 FRIARSWAY DR.	TAMPA, FL 33624

11. E-mail Address: ROBINSIERRA0526@HOTMAIL.COM

(To be used for future annual report notifications)

12. 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

[Signature]

Date 3/18/10

Daytime Phone # 813 433 7580

Typed or printed name of signing Managing Member/Manager

ROBIN SIERRA