..CAPITAL CONNECTION 850 222 1222 01/22 '99 09:45 NO.599 02/03

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 # M96720

1. Corporation Name: LA CASA SIERRA CORPORATION

Principal Place of Business	Mailing Address
1704 N.HOWARD AVE. TAMPA, FLORIDA 33607	SAME

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
N/A	N/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 8/31/88

5. FEI Number: 59-2914689 ☐ 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	ROY SIERRA	1008 BEARSS AVE.	TAMPA, FL. 33549
D SEC/T	ANGELA SIERRA	1704 N. HOWARD AVE.	TAMPA, FL. 33607
VP	LINDA SIERRA	1704 N. HOWARD AVE.	TAMPA, FL. 33607

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5y 2-1-99

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
NANCY SIERRA 1704 N. HOWARD AVE. TAMPA, FLORIDA 33607	Name: ROY SIERRA Street Address (P.O. Box Number is Not Acceptable): 1704 N. HOWARD AVE. Suite, Apt. #, Etc.: City: TAMPA / State: FL / Zip Code: 33607

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 X Roy Sierra — REGISTERED AGENT MUST SIGN — Date 1-22-99.

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: X Roy Sierra — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 813-996-6182 Daytime Phone #

ROY SIERRA, President, Director