

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 28 PM 2:06

DOCUMENT # **N02 00000 2585**

1. Corporation Name

Sierra Villas Townhomes Association, Inc

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address

3810 W. DeLeon St.

Suite, Apt. #, etc.

4

City & State

Tampa, FL

Zip

33609

Country

USA

3. Mailing Office Address

3810 W. DeLeon St.

Suite, Apt. #, etc.

4

City & State

Tampa, FL

Zip

33609

Country

USA

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

5. FEI Number

☒ 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

Robert L. Tankel

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

1022 Main Street

Suite, Apt. #, Etc.

Suite D

City

Dunedin

State

FL

Zip Code

34698

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

[Signature]

Date

8/17/06

REGISTERED AGENT MUST SIGN

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
DP	Bill Carter	3810 W. DeLeon St., #4	Tampa, FL 33609
DS	Joseph Martel	3810 W. DeLeon St., #5	Tampa, FL 33609
DT	Barb Kestlinke	3810 W. DeLeon St., #2	Tampa, FL 33609
DVP	Chris Sears	3810 W. DeLeon St., #6	Tampa, FL 33609

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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 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:

William Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/20/06

Daytime Phone #

813 3947049