

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07000011714

1. Corporation Name

SIERRA CONDOMINIUM ASSOCIATION OF LANTANA INC.

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

1607 HOLLY STREET

Suite, Apt. #, etc.

City & State

LANTANA FL

Zip

33462

Country

3. Mailing Office Address

1607 HOLLY STREET

Suite, Apt. #, etc.

City & State

LANTANA FL

Zip

33462

Country

7. Name and Address of Current Registered Agent

Name

ANDY BISSOON

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

4132 PINEHOLLOW CIRCLE

Suite, Apt. #, Etc.

City

GREENACRES

State

FL

Zip Code

33463

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

Date **04/07/2010**

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
P	ANDY BISSOON	4132 PINEHOLLOW CIRCLE	GREENACRES FL 33463
VP	DEBRA SLAY	1607 HOLLY STREET #7	LANTANA, FL 33462
TR	ALEX BAYATNIA	745 SMITHBROOKE DR.	LAKE WORTH, FL 33467

10. E-mail Address: bayat33462@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/2010 5617146355

Date

Daytime Phone #

FILED

10 APR 13 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900175469629

04/13/10--01003--003 **183.75

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/2007

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The 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 reinstatement fee be waived.