


PS 1082

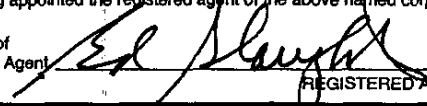
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 JUN 14 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

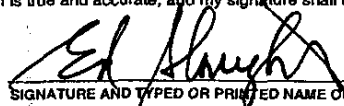
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000087748			
1. Corporation Name SIERRA LAND DEVELOPMENT, INC.			
2. Principal Office Address 4203 SPYGLASS CT Suite, Apt. #, etc.		3. Mailing Office Address 4203 SPYGLASS CT Suite, Apt. #, etc.	
City & State WINTER HAVEN, FL		City & State WINTER HAVEN, FL	
Zip 33884	Country USA	Zip 33884	Country USA

REINSTATEMENT 03-4	
4. Date Incorporated or Qualified To Do Business in Florida 8/14/02	
5. FEI Number 55-0801993	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name EDWARD SLAUGHTER	
Street Address (P.O. Box Number is Not Acceptable) 4203 SPYGLASS CT.	
Suite, Apt. #, Etc.	
City WINTER HAVEN	State FL
Zip Code 33884	

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 6/9/04
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/D	EDWARD SLAUGHTER	4203 SPYGLASS CT	WINTER HAVEN, FL 33884

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 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: 	Date 6/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	

CR2E081 (10/02)

P. 2 of 2

Cheryl M. Martin
Certified Public Accountant
19200 Hwy 27
Lake Wales, FL 33853-2451
Tel: (863) 678-1498 Fax: (863) 676-1945

February 23, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Sierra Land Development, Inc.
Doc. No. P02000087748

Dear Sir/Madam:


I am writing on behalf of my above-referenced client to request waiver of the reinstatement fee.

Enclosed please find Corporation Reinstatement for the above-referenced corporation. Also enclosed is a check in the amount of \$300.00 for 2003 and 2004 annual registration fee for the corporation which was administratively dissolved in 2003.

The location of this corporation has not changed, however, the address of this corporation was changed by the postal service in the aftermath of September 11, 2001. Mail was not forwarded by the postal service to the newly assigned address. The 2003 annual corporate renewal form was not received.

I respectfully request a waiver of the reinstatement fee, based on the above circumstances.

Sincerely,


Cheryl M. Martin, CPA

Enclosures