PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P020000 9 1547 1. Corporation Name Sienna Company of Daples Toc	04 MAR I O AM 8: 04 SECRETARY OF STATE TALLAHARSEE, FLORIDA
2. Principal Office Address 3. Mailing Office Address 7. Dox 111657 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State VAples, FIA Zip Country Zip Country Zip Country C	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED 83.75 Additional Feerrequired for a Certificate of Status
Name Capte To	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least non-street Address of Each Officers and/or Directors Name of Street Address of Each Officer and/or Directors Officers and/or Directors 1560 Ne Adam lakes	City / State / Zip
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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SUNG OFFICER OR DIRECTOR Daytime Phone #	