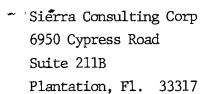
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		5
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILE() 06 APR 18 MIII: 21
DOCUMENT # Po3000000 827 1. Corporation Name		
SIERRA CONSULTING CORP		·
2. Principal Office Address 3. Malling Office Address		100073523531 05/01/0601059021 **450.00
6950 CYPRESS RI) Suite, Apt. #, etc.	6950 CYPLESS RA Suite, Apt. #, etc.	CR2E081 (12/05)
211B City & State	SIIB	4. Date Incorporated or Qualified To Do Business in Florida 3
PlantATION Fl.	PlantaTion F1.	5. FEI Number Applied For Not Applicable 6.
33317 USA	33317 115A	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name  Robel T SCAROLA  Street Address (P.O. Box Number is Not Acceptable)		
6950 LYPRESS ROAD Suite, Apt. #, Etc.		
City Rlan HATION State Zip Code FL 33317		
8. I, being appointabline 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  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 Officers and/or Directors	Street Address of Eac	h City / State / 7in
PID ROBERT SCAROLA 6950 CUPKESS RD 211B PLANTATION F1.33317		
B 4/20/04		
	PERSTATE	150 O410 C
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 eason 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 baid 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #		





February 23, 2006

Florida Dept. Of State Division of Corporations PO Box 6327 Tallahassee, Fl. 32314

RE: Sierra Consulting Corp

Document # P03000000827

To Whom It May Concern:

Please be advised accorrect mailing and principal address is 6950 Cypress Road , Suite 211B, Plantation, Fl. 33317. Please reinstate.

I have never received any annual report notices at this address.

Enclosed ia a check for \$450.00 for fees due including 2006.

Thank You

Sincerely, Robert Scarola