


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000060149		
1. Entity Name SIERRA CARPET INC		

Principal Place of Business 8415 N DIXON AVE TAMPA, FL 33604	Mailing Address 8415 N DIXON AVE TAMPA, FL 33604
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2. Principal Place of Business - No P.O. Box # <u>SAME</u> Suite, Apt. #, etc. <u>---</u>	3. Mailing Address <u>SAME</u> Suite, Apt. #, etc. <u>---</u>
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City & State <u>TAMPA, FL</u>	City & State <u>TAMPA, FL</u>
Zip <u>33604</u>	Zip <u>33604</u>
Country <u>USA</u>	Country <u>USA</u>

6. Name and Address of Current Registered Agent SIERRA, SANTOS D 8415 N DIXON AVE TAMPA, FL 33604		7. Name and Address of New Registered Agent Name <u>ALLTAX MULT. LLC</u> Street Address (P.O. Box Number is Not Acceptable) <u>Alltax multiservice Group, LLC</u> <u>7312 SEQUOIA DR</u> City <u>TAMPA</u> <u>FL</u> Zip Code <u>33637</u>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 05/23/08

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIERRA, SANTOS D 8415 N DIXON AVE TAMPA, FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENA, RENE A 8415 N DIXON AVE TAMPA, FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 05/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

2008 MAY 28 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08
05232008 REIN-P CR2E098 (1/07)