

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JUN 10 AM 6:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

993000008345

1. Corporation Name

SIERRA COMMERCIAL INC.

Principal Place of Business

222 LAKEVIEW AVE  
SUITE 160-218  
WEST PALM BEACH FL  
33401

Mailing Address

222 LAKEVIEW AVE  
SUITE 160-218  
WEST PALM BEACH FL  
33401

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

FEB 2, 1993

5. FEI Number

65-0395968

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P S/T	CHARLES P. MOORE	222 LAKEVIEW AVE SUITE 160-218	WEST PALM BEACH FL 33401

3000002210593--4  
06/12/97-01103-007  
\*\*\*1253.75 \*\*\*1253.75

REINSTATEMENT

94-97  
6-11-97

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL  
32301

9. Name and Address of New Registered Agent

Name

BETTY MONTOYA

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

222 LAKEVIEW AVE

Suite, Apt. #, Etc.

SUITE 160-218

City

WEST PALM BEACH

State

FL

Zip Code

33401

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Betty Montoya  
REGISTERED AGENT MUST SIGN

Date JUNE 9, 1997

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

Charles P. Moore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CHARLES P. MOORE

JUNE 9, 1997 (561)-833-2259

Date

Daytime Phone #