

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**

00 MAR -8 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P03000032789*

1. Corporation Name

SIERRA PURCHASING ENTERPRISE, INC.

Principal Place of Business

Mailing Address

297 N.W. 26 ST.  
MIAMI, FL 33127

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

**REINSTATEMENT**

*95-00*

2. New Principal Office Address, if Applicable

340 W. 21 ST

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

5/6/93

5. FEI Number

65-0407336

Applied For

Not Applicable

City & State

HIALEAH, FL

City & State

Zip

Country

33010

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.	KIMBERLY MASTERSON	340 W. 21 ST.	HIALEAH, FL 33010
			200003172042--E -03/16/00--01023--024 ***1000.00 ***1000.00
			200003172042--E -03/16/00--01023--025 *****50.00 *****50.00

8. Name and Address of Current Registered Agent

STEPHEN K. ABRAMSON  
1727 N.E. 142 ST  
NORTH MIAMI, FL 33181

9. Name and Address of New Registered Agent

Name  
KIMBERLY MASTERSON  
Street Address (P.O. Box Number is Not Acceptable)  
340 W. 21 ST.  
Suite, Apt. #, Etc.  
City  
HIALEAH  
State  
FL  
Zip Code  
33010

CR20040 11/98

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

*Kimberly Masterson*  
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

*Kimberly Masterson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Prepared by: KIMBERLY MASTERSON 340 W. 21 ST. HIALEAH, FL 33010 Date