

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

97 DEC 26 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000002282**

1. Corporation Name

SIERRA INDUSTRIES, INC.

Principal Place of Business

Mailing Address

~~1755 80TH AVE SE
LARGO FL 34641
US~~

~~PO BOX 1493
LARGO FL 34649-1493
US~~



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~2452 CHANNING CIRCLE~~
Suite, Apt. #, etc.

~~2 SAME~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business In Florida

01/10/1994

5. FEI Number

59-3221514

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

City & State

City & State

~~CLEARWATER FLORIDA~~

Zip

Country

~~33664 U.S.A.~~

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 |
|------------|-------------------------------------|---|---|
| PDST | EBBERS, DOUG J. | 2452 CHANNING CIRCLE | CLEARWATER FL 33664 |
| | | | 000002384890--6 -12/29/97--01123--016 ***758.75 ***758.75 |
| | | | REINSTATEMENT 1997 |
| | | | G. Alan 12/26/97 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, TIMOTHY A JR.
911 CHESTNUT STREET
CLEARWATER FL 34616

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/97
Date

913-539-0760
Daytime Phone #

CR2E04D (8/97)