


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # P94000081900**

1. Corporation Name

**SIERRA DEVELOPMENT GROUP, INC.**

Principal Place of Business

~~7575 DR. PHILLIPS BLVD., #305~~

~~STE 305~~

ORLANDO FL 32819

US

Mailing Address

~~7575 DR. PHILLIPS BLVD., #305~~

~~STE 305~~

ORLANDO FL 32819

US

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

2. New Principal Office Address, If Applicable

**7600 Dr. Phillips Ste 64**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**7600 Dr. Phillips Ste 64**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business In Florida

**11/08/1994**

5. FEI Number

**59-3282535**

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)

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
PD	MORAN, THOMAS L	<del>7575 DR PHILLIPS BLVD STE 305</del> <b>7600 Dr. Phillips Ste 64</b>	ORLANDO FL

**800002398038 - 8**  
**-01/13/98--01030--030**  
**\*\*\*\*\*900.00 \*\*\*\*\*900.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MORAN, THOMAS L**

~~7575 DR PHILLIPS BLVD~~

~~STE 305~~

ORLANDO FL 32819

Name

**7600 Dr. Phillips Blvd**

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

**Ste 64**

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

*Thomas L Moran*

REGISTERED AGENT MUST SIGN

Date **1/6/98**

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

*Thomas L Moran*

Date

**1/6/98 (907) 345-2444**

Daytime Phone #