PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION [redacted]

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 FEB 18 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081900

1. Corporation Name

Sierra Development Group, Inc.

1999-2002 UBR

2. Principal Office Address	3. Mailing Office Address
7512 Dr, Phillips Blvd.	7512 Dr. Phillips Blvd.
Suite, Apt. #, etc. 50-520	Suite, Apt. #, etc. 50-520
City & State Orlando, FL	City & State Orlando, FL
Zip 32810 Country USA	Zip 32819 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/01/96

5. FEI Number 59-3282718 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Thomas L. Moran

Street Address (P.O. Box Number is Not Acceptable): 7512 Dr. Phillips Blvd.

Suite, Apt. #, Etc.: 50-520

City: Orlando | State: FL | Zip Code: 32819

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Thomas L Moran Jr. Date: February , 2002

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Thomas L. Moran	7512 Dr. Phillips Blvd.	Orlando, FL 32819
		Suite 50520	

10. 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: Thomas L Moran Jr. February , 2002 (407) 256-5567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #