

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P94000088202**

1. Corporation Name

**SIERRA'S CLOSET, INC.**

Principal Place of Business

293 S YONGE ST  
ORMOND BEACH FL 32174  
US

Mailing Address

149 BARRINGTON DR  
PALM COAST FL 32137  
US

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

2. New Principal Office Address, If Applicable

400 Pargue Dr.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ormond Beach, FL 32174

City & State

Zip

32174

Country

USA

Zip

Country

REINSTATEMENT

9600

4. Date Incorporated or Qualified  
To Do Business in Florida

12/06/1994

5. FEI Number

14-0445523

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
D	RIVERA, RALPH	149 BARRINGTON DR	PALM COAST FL
D	RIVERA, PAULA	149 BARRINGTON DR	PALM COAST FL

400002025164--7  
-12/10/96--01151--002  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

RIVERA, RALPH  
149 BRRINGTON DR  
PALM COAST FL 32137

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Paula Rivera REQUIRED  
REGISTERED AGENT MUST SIGN

Date

12/6/96

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:

Paula Rivera REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/96  
Date

904 673-1433  
Daytime Phone #