

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -8 AM 11: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000003002

1. Corporation Name

Christopher M. Sierra, P.A.

4699 Central Avenue

2. Principal Office Address

4699 Central Avenue

Suite, Apt. #, etc.

Suite 202

City & State

St. Petersburg, FL

Zip

33713

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida 1/8/96**

5. FEI Number
59-3353103

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-09

7. Name and Address of Current Registered Agent

Name

Christopher M. Sierra, Esq.

Street Address (P.O. Box Number is Not Acceptable)
4699 Central Avenue

Suite, Apt. #, Etc.
Suite 202

City

St. Petersburg

State

FL

Zip Code

33713

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

Date **October 6, 2004**

REGISTERED AGENT MUST SIGN

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
PSD	Christopher M. Sierra	4699 Central Ave., Ste. 202	St. Petersburg, FL 33713

300041730779
10/06/04--01062--001 **300.00

DR 10/14

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/04

Date

727-327-1700

Daytime Phone #

CR2081 (01/04)

LAW OFFICES
CHRISTOPHER M. SIERRA, P.A.

703 SWANN AVENUE
TAMPA, FLORIDA 33606
TELEPHONE (813) 258-3558
FACSIMILE (813) 258-3779

Reply to: 4699 CENTRAL AVENUE, SUITE 202
ST. PETERSBURG, FLORIDA 33713
TELEPHONE (727) 327-1700
FACSIMILE (727) 327-1658
gencoun@tampabay.rr.com

October 6, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Christopher M. Sierra, P.A.
Document No.: P96000003002

Dear Sir or Madam:

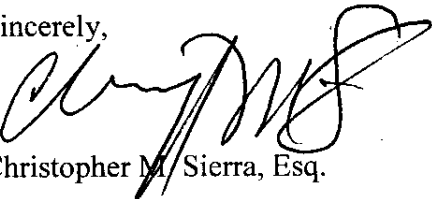
Enclosed please find the original Reinstatement Application for the above referenced matter, along with a check in the amount of \$300.00 which represents payment of the annual report for 2003 and 2004.

Due to numerous changes of address (4), I did not receive notification from your office regarding a dissolution.

Please file my reinstatement and accept the filing fees of \$300.00 to reinstate the above corporation to active status.

Thank you for your assistance in this matter. Should you have any questions or need additional information, please do not hesitate to contact me at (727) 327-1700.

Sincerely,



Christopher M. Sierra, Esq.

Enclosures