

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -8 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000048077

1. Corporation Name

TIERRA VISTA SAHP CORP.

Principal Place of Business

1 SUNAMERICA CENTER
LOS ANGELES CA 90067

Mailing Address

1 SUNAMERICA CENTER
LOS ANGELES CA 90067

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

2. New Principal Office Address, If Applicable

ATTN: VIRGINIA N. PUZON

Suite, Apt. #, etc.

SUNAMERICA CENTER

City & State

LOS ANGELES, CA

Zip

90067

Country

3. New Mailing Office Address, If Applicable

SUNAMERICA INC. ATTN:

Suite, Apt. #, etc.

1 SUNAMERICA CENTER

City & State

LOS ANGELES, CA

Zip

90067

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/1997

5. FEI Number

58-2326291

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	4 City / State / Zip
AS	PUZON, VIRGINIA N	1 SUNAMERICA CENTER	LOS ANGELES CA 90067
TD	TILLIS, SCOTT N	1 SUNAMERICA CENTER	LOS ANGELES CA 90067
D	WINTROB, JAY S.	1 SUNAMERICA CENTER	LOS ANGELES CA 90067
P	FOWLER, MICHAEL L	1 SUNAMERICA CENTER	LOS ANGELES CA 90067
V	PROOST, ROBERT L.	1 SUNAMERICA CENTER	LOS ANGELES CA 90067
			000008889170

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/1/02

11. 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

Date

Daytime Phone #

11-6-02 310-772-6000

CR2E040 (8/02)



282

ACCOUNT NO. : 072100000032

REFERENCE : 812517 4319383

AUTHORIZATION :

Patricia Pizote

COST LIMIT : \$ 750.00

ORDER DATE : November 7, 2002

ORDER TIME : 9:55 AM

ORDER NO. : 812517-005

CUSTOMER NO: 4319383

CUSTOMER: Tan Dosunmu, Legal Asst
Sunamerica, Inc.
1 Sunamerica Center
Century City
Los Angeles, CA 90067

DOMESTIC FILINGS

NAME: TIERRA VISTA SAHP CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____

RECEIVED
02 NOV -8 AM 10:32
DIVISION OF CORPORATION