

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000068520

1. Corporation Name

SIERRA BUILDERS, INC.

Principal Place of Business

39320 LAKE NORRIS RD.
EUSTIS FL 32736

Mailing Address

39320 LAKE NORRIS RD.
EUSTIS FL 32736

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/1999

5. FEI Number

59-3301639

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
01 NOV -5 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 01

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TAYLOR, ALAN JACKSON, ALAN TAYLOR	37331 E. HWY. 19 39320 Lk. Norris Rd	UMATILLA FL 32784
D	JACKSON, JOHN E JR. Remove	36545 ELDORADO LAKE DR	EUSTIS FL 32727

8000004697938--3

-11/29/01--01035--005

***750.00 ***750.00

8. Name and Address of Current Registered Agent

JACKSON, ALAN T
37331 E. HWY. 19
UMATILLA FL 32784

9. Name and Address of New Registered Agent

Name

Alan Taylor Jackson

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

39320 Lk Norris Rd

Suite, Apt. #, Etc.

City

Eustis

State

FL

Zip Code

32727

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11-2-01

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] Alan Jackson

11-2-01

(352) 267-1183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)