

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **N07063**

1. Corporation Name
STERLING HOUSE ASSOCIATION, INC.

Principal Place of Business Mailing Address

201 SO. J STREET LAKE WORTH FL 33460

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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
P.O. Box 290
 Suite, Apt. #, etc.
 City & State
 Zip Country
LAKE WORTH FL 33760 PAM BEACH

FILED

01 DEC 10 AM 10:21

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



59-2581180

01/11/1985

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
VP P	BOYLE, JAMES	201 SO J ST APT 12	LAKE WORTH FL 33460
PDC VD	ARPONEN, S EPO WOLFE, ROBERT	201 S. J STREET #4 201 SO. J STREET #1	LAKE WORTH FL 33460
D SD	SIIVANEN, ANNA PROCYK, ANDREW	201 SO J ST #7 201 SO. J STREET #9	LAKE WORTH FL 33460
T D	KOSKINEN, MILJA	201 SO. J ST. #10	LAKE WORTH FL 33460
D	LEINONEN, VENO	201 J ST, APT #1	LAKE WORTH FL
D	KINNARI, PENTTI	201 S J ST, APT #3	LAKE WORTH FL

8. Name and Address of Current Registered Agent

MAXWELL, JAMES E.
 201 S "J" ST., APT #2
 P.O. BOX 290
 LAKE WORTH FL 33460

9. Name and Address of New Registered Agent

Name: **JAMES F. BOYLE**
 Street Address (P.O. Box Number is Not Acceptable): **201 SO. J STREET**
 Suite, Apt. #, Etc.: **APT. #12**
 City: **LAKE WORTH #** State: **FL** Zip Code: **33460**

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: *James F Boyle* Date: **10/29/01**

REGISTERED AGENT MUST SIGN

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: *James F Boyle, Pres.*
James F Boyle

Date: **10/22/01** Daytime Phone #: **561-585-3407**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)