

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 APR 24 PM 2:22
8/6/02
90131
SECRETARY OF STATE
TALLAHASSEE FLORIDA #61.25

DOCUMENT # N96000006148

1. Corporation Name
**STERLING ACRES HOMEOWNERS
ASSOCIATION, INC**

2. Principal Office Address
16570 SW 61 STREET

Suite, Apt. #, etc.

SOUTHWEST RANCHES, FL.

City & State

3. Mailing Office Address
16570 SW 61 STREET

Suite, Apt. #, etc.

SOUTHWEST RANCHES, FL.

City & State

Zip
33331

Country
U.S.A.

Zip
33331

Country
U.S.A.

700016954887
04/24/03--01039--004 **236.25

4. Date Incorporated or Qualified
To Do Business in Florida **12/04/96**

5. FEI Number
650819945

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
SPELL, KAREN R. ESQ

Street Address (P.O. Box Number is Not Acceptable)
12230 NW 18 STREET

Suite, Apt. #, Etc.

City
Pembroke Pines

State
FL

Zip Code
33026

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 **4/1/03**

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
P/D	Charles M. McCully	16570 SW 61 ST	Southwest Ranches, FL. 33331
V/D	Nicholas Koeman	5621 WINSTON PARK #302	Coconut Creek, FL 33073
TKS/D	Bruce Muehlfelder	PO Box 260817	Pembroke Pines, FL. 33026

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: Date **4/1/03** (305) 471-2409 Daytime Phone #

CR2E081 (10/02)

gs 4/25