

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 JUN -5 PM 2:45

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000041685

1. Corporation Name

Sterling Technical Services Group, Inc.

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
5999 Central Avenue

3. Mailing Office Address
1300 Michigan Street

Suite, Apt. #, etc.
Suite 102

Suite, Apt. #, etc.

City & State
St. Petersburg, Florida

City & State
Gary, Indiana

Zip
33710

Country
U.S.

Zip
46402

Country
U.S.

4. Date Incorporated or Qualified To Do Business in Florida
April 14, 2003

5. FEI Number
30-0167057

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
Fred L. Solomon, Jr.

Street Address (P.O. Box Number is Not Acceptable)
5999 Central Avenue

Suite, Apt. #, Etc.
Suite 102

City
St. Petersburg

State
FL

Zip Code
33710

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Fred L. Solomon

Date 6/1/07

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
DCPS	William J. Harrington	1300 Michigan Street	Gary, Indiana 46402
D	Fred L. Solomon, Jr.	6212 Pasadena Pt. Blvd. South	Gulfport, Florida 33707

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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 contained in Chapter 119, 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:

William J. Harrington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/07

Date

(219) 712-4764

Daytime Phone #