CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

2022 JUN 22 AM 9: 09

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									•	
1. Carpor	ation Name	F # F1500000373 Sterling Managem ng Management Lt	ent Ltd. Inc.				5.1	·Pipeker Fire		
		ess - No P.O. Box # kes Parkway	3. Mailing (Office Addre	55					
Suite, Apt. Ste. 2			Suite, Apt, ≭	Suite, Apt. ≠, etc.				CR2E081 (11/10) 4. Date Incorporated or Qualified To Do Business in Florida 9/24/2015		
City & Stat Mishav	e vaka, India	ana	City & State Mishawaka, Indiana				5. FEI Number Applied For 35-1494125 Not Applied by Applied For Ap			
Zip 46546		Country USA	Zip 46546	5-2008	Countr	·	8	TE OF STATUS DESIRED		tional Fee required
		7. Name and Address	of Current Regi	stered Agei	nt					
Name Corpor	ration Sen	vice Company								
Street Ad 1201	dress (P.O. Bo Hays Stre	ox Number is Not Acceptat et	ote)							
Suite, Api	. #, Etc.			<u></u>						
City Tallah	assee				State FL	32301-2525				
8. I, bein	g appointed th	e registered agent of the a	bave named corp	oration, am	familiar v	with and accept the ob	ligations of sec	tion 607.0505 or 617.0503	F.S.	
Signature Registered			REGISTERED AG	GENT MUST	r SIGN	<u>-</u> -		Date		
9. Name	s and Street A	ddresses of Each Officer a	and/or Director (Fi	orida nonpre	ofit corpo	rations must list at lea	st 3 directors)		-	
Titles		Name of Officers and/or Director			Sti	eet Address of Each ficer and/or Director	<u>.</u>	City /	State / Zip	
C/D	Larry A. S	Swank, Sr.		3900 E	dison	Lakes Parkway	. Ste 201	Mishawaka, IN 4	16545	
P/D	Lance A.	Swank		3900 E	dison	Lakes Parkway	, Ste 201	Mishawaka, IN 4	16545	
S/D	Larry A. S	Swank II		3900 E	dison	Lakes Parkway	, Ste 201	Mishawaka, IN 4	16545	

		
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. Hurther	centry that when fiting this
	reinstatement application, the reason for dissolution has been eliminated, the secondate name satisfies the requirements of section 607.0401 or 617.04	01, F.S., and that all fees
	owed by the corporation have been paid. I further certify, the information indicated on It application is true and accurate, and my signature shall have	the same legal effect as
	if made under eath. I am aware that false intermation submitted in a dop thent to the Department of State constitutes a third degree felony as provided	for in s.817,155, F.S.
S	SIGNATURE:	(574)247-3214

(To be used for future annual report notification)

SIGNATURE:

10. E-mail Address: mgallyot@thesterlinggrp.com

SIGNATUREAND LINES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO.: 120000000195 Please give original REFERENCE: 764527 7547427 file date
kecieved Rjection for itmenament
ACCOUNT NO. : 120000000195 Please give original
REFERENCE: 764527 7547427 file acte
AUTHORIZATION : Spelle man
COST LIMIT : (\$\\$500.00
ORDER DATE: June 22, 2022 Please use my fees Nucled.
ORDER TIME: 8:33 AM
ORDER NO. : 764527-010
CUSTOMER NO: 7547427
REINSTATEMENT
NAME: STERLING MANAGEMENT LTD. INC.
XX REINSTATEMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland
EXAMINER'S INITIALS

F/5000003734

(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

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A RAMSEY JUN 28 2022 June 23, 2022

RESUBMIT

Please give original submission date as file date.

CORPORATION SERVICE COMPANY ALEXXIS WEILAND TALLAHASSEE, FL 32301

SUBJECT: STERLING MANAGEMENT LTD INC

Ref. Number: F15000003734

We have received your document for STERLING MANAGEMENT LTD INC and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The form that you submitted is incorrect. Please file the Resolution to Adopt an Alternate Name instead of the amendment form. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey OPS

Letter Number: 622A00014141 LLAHASSLE, FLOR

2022 JUN 27 PH 3: 3