

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

REINSTATEMENT

98, 99, 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 11 PM 1:12

DOCUMENT # **F970000005595**

1. Corporation Name

STERLING I, INC

2. Principal Office Address

**c/o R Lublin
40 ORCHARD RD**

Suite, Apt. #, etc.

City & State

WEST HARTFORD, CT

Zip

06117

Country

US

3. Mailing Office Address

**c/o R Lublin
40 ORCHARD RD**

Suite, Apt. #, etc.

City & State

WEST HARTFORD, CT

Zip

06117

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/11/97

5. FEI Number

06-1496776

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

STERLING I, INC

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

40 ORCHARD RD 1200 SOUTH PINE ISLAND RD

Suite, Apt. #, Etc.

City

WEST HARTFORD PLANTATION

State

FL

Zip Code

33321

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

REGISTERED AGENT MUST SIGN

Date

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

Pres **RICHARD K LUBLIN**

40 ORCHARD RD

**WEST HARTFORD, CT
06117**

Sec **MARTIN BALIN**

75 FOX CHASE LANE

**WEST HARTFORD, CT
06117**

300003140499--0

-02/18/00-01105-009

******450.00 ****450.00**

150.00 per year

dec

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:

R K Lublin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/00

Daytime Phone #

860-521-1300

CR2E081 (9/99)

Richard K. Lublin

ATTORNEY AT LAW

40 Orchard Road
West Hartford, Connecticut 06117
Telephone (860) 521-1300

January 31, 2000

**Diane Cushing
Florida Department of State
Division of Corporations
P.O. Box 627
Tallahassee, FL 32314**

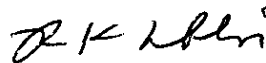
**RE: Sterling 1, Inc.
Ref. # B 97000000568**

Dear Ms. Cushing:

This will confirm our telephone conversation of today where you advised me that the mailing address to which you were sending documents and renewals in connection with the above corporation was wrong. Please change your records to reflect that all documents and communications should be sent to Sterling 1, Inc c/o me at the above address.

I am enclosing herewith the renewal form together with my check in the amount of \$450 and please send me a receipt showing that this corporation has been reinstated. Please also accept the UBR for Beach Club Apartments, LP at this time. Thank you for your cooperation.

Very truly yours:



Richard K. Lublin