

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 JAN 14 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F98000006576**

**1. Corporation Name**

STERLING NATIONAL MORTGAGE COMPANY, INC.

**2. Principal Office Address - No P.O. Box #**

98 CUTTERMILL ROAD

**3. Mailing Office Address**

98 CUTTERMILL ROAD

Suite, Apt. #, etc.

SUITE 200N

Suite, Apt. #, etc.

SUITE 200N

City & State

GREAT NECK, NY

City & State

GREAT NECK, NY

Zip

11021

Country

USA

Zip

11021

Country

USA

**REINSTATEMENT** CR2E081r(1/07)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/02/1998

**5. FEI Number**

113334993

☐ 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

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

☒ 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.**

NRAI Services, Inc.

Signature of

Registered Agent by:

Date

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	MICHAEL BIZENOV	98 CUTTERMILL ROAD, STE 200N	GREAT NECK, NY 11021
SVP	AJAY TIMOTHY	98 CUTTERMILL ROAD, STE 200N	GREAT NECK, NY 11021
S	NEAL KRUMPER	98 CUTTERMILL ROAD, STE 200N	GREAT NECK, NY 11021
D	JOHN MILLMAN	650 5TH AVENUE.	NEW YORK, NY 10019
D	LOUIS CAPPELLI	650 5TH AVENUE.	NEW YORK, NY 10019

100115904021

01/23/08--01039--020 \*\*450.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/08 (516) 487-0018  
Date Daytime Phone #

B. Mitchell JAN 14 2008