Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
STERNSON INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$1,050.00~~

$450 - penalty waived

3/5/10 1:31 PM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 MAR -9 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G82655

1. Corporation Name
STERNSON INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address:
C/O RUSSELL STERN, 2001 SAILFISH POINT	C/O RUSSELL STERN, 185 GREAT NECK ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART FL	City & State: GREAT NECK NY
Zip: 34996 Country: USA	Zip: 11021 Country: USA

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida: 01/17/1984

5. FEI Number: 592382643 ☐ 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: RUSSELL STERN
Street Address (P.O. Box Number is Not Acceptable): 2001 SAILFISH POINT
Suite, Apt. #, etc.:
City: STUART State: FL Zip Code: 34996

☐ 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 617.0505, F.S.

Signature of Registered Agent: RUSSELL STERN, by V. Hawk-Donohue, as atty-in-fact Date: 3/5/10
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
D	RUSSELL STERN	2001 SAILFISH POINT	STUART FL 34996
S	TED TASHLIK	400 CUTTERMILL ROAD	GREAT NECK NY 11022
	REINSTATEMENT RH		

10. E-mail Address: _____
(To be used for future annual report notification)

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. 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 that, to the best of my knowledge, 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: RUSSELL STERN, by V. Hawk-Donohue, as atty-in-fact 3/5/10 561-894-8107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #