

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G82655**

1. Corporation Name

**STERNSON INC.**

Principal Place of Business

Mailing Address

C/O RUSSELL STERN  
2001 SAILFISH POINT  
STUART FL 34996

C/O RUSSELL STERN  
2001 SAILFISH POINT  
STUART FL 34996

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/17/1984

5. FEI Number

59-2382643

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	STERN, HARRY	2001 SAILFISH POINT	STUART FL
D	STERN, RUSSELL	2001 SAILFISH POINT	STUART FL
S	TASHLIK, T	833 NORTHERN BLVD	GREAT NECK NY 11021

200024347002  
11/03/03--01006--011 \*\*400.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STERN, RUSSELL  
2001 SAILFISH POINT  
STUART FL 34996

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/27/03

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* RUSSELL STERN

Date

10/27/03

Daytime Phone #

516-466-9570

CR2040 (7/03)

**Sternson Inc.**  
**2001 Sailfish Point Blvd**  
**Stuart FL 34996**

Date: October 27, 2003

To: Florida Dept Of State

Re: Application for Reinstatement

To Whom It May Concern:

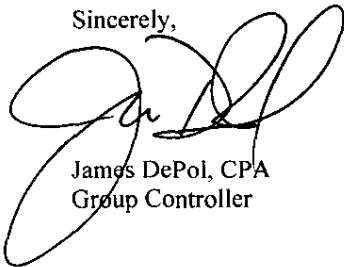
I am writing to you to advise you that we did not receive your notice dated September 16, 2003 asking for an additional fee.

Enclosed please find a late fee of \$400.

Please reinstate the above named company.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read 'James DePol', is written over the printed name and title.

James DePol, CPA  
Group Controller