

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **H01748**

1. Corporation Name

STERLING EQUIPMENT COMPANY

Principal Place of Business

Mailing Address

**14561 58TH ST. N.
CLEARWATER, FL. 33760**

2 SAJCE

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

REINSTATEMENT

97-9

SP

4. Date Incorporated or Qualified To Do Business in Florida

05/02/1984

5. FEI Number

59-2442980

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPT	DOUG J. EBBERS	2452 CHANDLING CIRCLE	CLEARWATER, FL. 33760
DS	LAURA G. EBBERS	2452 CHANDLING CIRCLE	CLEARWATER, FL. 33760

**800003082479--2
-12/29/99--01008--016
***1058.75 ***1058.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DARRYL RICHARDS
JOHNSON, BRAXLEY, POPE & BOKOR
100 NORTH TAYLOR ST.
SUITE 1800
TAYLOR, FL 33602**

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.

Signature of Registered Agent

DM

REGISTERED AGENT MUST SIGN

Date

12-17-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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]

12-15-99

Date

725-463-0369

Daytime Phone #