

APPLICATION  
FOR  
REINSTATEMENT  
FOR 1997, 1998

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE.

FILED

98 SEP -8 PM 12:09

SECRETARY OF STATE

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # H62404  
Stirling Properties and Development Corp.  
1104 Ponce de Leon Boulevard  
Coral Gables, Florida 33134

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

REINSTATEMENT

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ 97-98

3. Date Incorporated or Qualified To Do Business in Florida

4. FEI Number

59-2561074

☐ FEI Number Applied For  
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

Title	Names of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State
D	SASSO, R. HARVEY	1104 Ponce de Leon Blvd.	Coral Gables, Florida 33134

800002637568--5  
-09/11/98--01080--010  
\*\*\*\*900.00 \*\*\*\*900.00

This corporation has liability for Intangible tax under section 199.032, Florida Statutes. ☐ Yes ☒ No  
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

7. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

Zip Code

FL

6. Name and Address of Current Registered Agent

YELEN, JAN A.  
1104 Ponce de Leon Blvd.  
Coral Gables, Florida 33134

8. 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

REGISTERED AGENT MUST SIGN

Date 9/3/98

9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Date

9/3/98

Phone #

305-445-3721

Typed or printed name of signing officer or director

R. HARVEY SASSO

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required for a