PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
14 OCT 15 AM 8:50
SECRETARY
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT 2004-2014

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000010136

1. Limited Liability Company's Name
Sterling Lebanon Packaging, LLC

REINSTATEMENT 04-14

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3140 South Ocean Blvd.	3140 South Ocean Blvd.
Suite, Apt. #, etc.: Suite 401 South	Suite, Apt. #, etc.: Suite 401 South
City & State: Palm Beach, FL	City & State: Palm Beach, FL
Zip: 33480 Country: USA	Zip: 33480 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 6/21/2001

6. FEI Number: 043641056 ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Diane C. Katz

Street Address (P.O. Box Number is Not Acceptable): 3140 South Ocean Blvd.

Suite, Apt. #, Etc.: Suite 401 South

City: Palm Beach State: FL Zip Code: 33480

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Diane C. Katz Date: 10/06/2014
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Harry Katz	3140 S. Ocean Blvd., Ste. 401 South	Palm Beach, FL 33480

11. E-mail Address: harryakatz@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: BH Date: 10/6/2014 Daytime Phone #: 317-634-4201

Typed or printed name of signing Authorized Representative/Manager: Bryhar Corporation by Harry Katz