

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 OCT 15 PM 8:50

SECRETARY
ALLAHADISE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT 2004-2014		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **LD10000010136**

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

REINSTATEMENT 04-14

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 3140 South Ocean Blvd.		3. Mailing Office Address 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

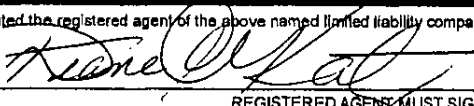
City
Palm Beach

State
FL

Zip Code
33480

700265452547
10/15/14-01011-010 *1631.25**

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  Date **10/06/2014**

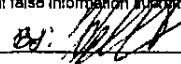
REGISTERED AGENT MUST SIGN

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: **harrya.katz@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  Date **10/06/2014** Daytime Phone # **317-624-4201**

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