

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 JUL 10 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L10000115971

1. Limited Liability Company's Name

STIRLING CENTER PROPERTIES, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

1975 Stirling Road

Suite, Apt. #, etc.

3. Mailing Office Address

1975 Stirling Road

Suite, Apt. #, etc.

City & State

Dania Beach, FL

City & State

Dania Beach, FL

Zip

33004

Country

USA

Zip

33004

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

11/5/2010

6. FEI Number

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

Vincent J. Altino, Esq.

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

2101 W. Commercial Blvd., Suite 2800

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33309

E-mail Address:

800237304948  
07/10/12--01024--007 \*\*377.50

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Vincent J. Altino*

Date 7/6/12

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Warren Berliner	1975 Stirling Road	Dania Beach, FL 33004

REINSTATEMENT 2011 - 2012

11. I certify that I am managing member/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 608.406, 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

*Warren Berliner*

Date 6/29/12

Daytime Phone # 954-923-7271

Typed or printed name of signing Managing Member/Manager Warren Berliner