

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 28 AM 10:11

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L96202**

1. Corporation Name

STERLING STORES, INC.

2. Principal Office Address

6770 Stirling Rd

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33024

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

33024

Country

REINSTATEMENT

CR2001 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wasserstrom Weinreb & Wealcatch, PC

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

1909 Tyler St

Suite, Apt. #, Etc.

PH

City

Hollywood

State
FL

Zip Code

33020

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Alicia Perednik

Date

3/22/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Alicia Perednik	6770 Stirling Rd	Hwd, FL 33024
VP/D	Fanny Rozenbaum	6770 Stirling Rd	Hwd, FL 33024
T/D	Eduardo Martin Perednik	6770 Stirling Rd	Hwd, FL 33024
S/D	Jorge Santiago Perednik	6770 Stirling Rd	Hwd, FL 33024

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10. 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 contained in Chapter 119, 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:

Alicia Perednik

3/22/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/06