

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL -1 AM 11:09

DOCUMENT # N05000006672

1. Corporation Name

STERLING PLACE CONDOMINIUM ASSOCIATION, INC

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

5960 SW 103 LOOP

Suite, Apt. #, etc.

3. Mailing Office Address

5960 SW 103 LOOP

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

Zip

34476

Country

MARION

City & State

OCALA, FL 34476

Zip

34476

Country

MARION

100182833811
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REINSTATEMENT 07-10

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 28, 2005

5. FEI Number

51-0578611

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

ALFRED S. VAN DUYN

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

5960 SW 103 LOOP

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34476

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

Alfred S. Van Duyn

REGISTERED AGENT MUST SIGN

Date June 29, 2010

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	ALFRED S. VAN DUYN	5960 SW 103 LOOP	OCALA, FL 34476
V/D	ALFRED S. VAN DUYN III	3214 BENJAMIN OAK DR	PLANT CITY, FL 33563
S/D	SUSAN HIRST	5561 NE 35 TH 35 ST	SILVER SPRINGS, FL 34488
T/D	YVONNE BAKER	1935 31 ST AVE #106	OCALA, FL 34474

10. E-mail Address: ASVAND @ AOL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

Alfred S. Van Duyn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 29, 2010 1332
237-6339

Date

Daytime Phone #