

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 28 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N98000002167**

1. Corporation Name

THE STERLING FOUNDATION

2. Principal Office Address  
4440 NW 41 Terrace

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, Florida

Zip

33319

Country

USA

3. Mailing Office Address  
4440 NW 41 Terrace

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, Florida

Zip

33319

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 04/13/1998

5. FEI Number  
650829973

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

CHRISTINE BETHEL

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

4440 NW 41 TERRACE

Suite, Apt. #, Etc.

City

LAUDERDALE LAKES

State

FL

Zip Code

33319

100034210041

04/28/04--01008--004 \*\*306 25

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

*Christine Bethel*

Date APRIL 26, 2004

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	STERLING, LEANA	4440 NW 41 TERRACE	LAUDERDALE LAKES, FL 33319
V/D	BETHEL, CHRISTINE	4440 NW 41 TERRACE	LAUDERDALE LAKES, FL 33319
D	ROLLE, THERESA	4440 NW 41 TERRACE	LAUDERDALE LAKES, FL 33319
T/D	KNOWLES, HAZEL	4440 NW 41 TERRACE	LAUDERDALE LAKES, FL 33319
S/D	COOPER, KEKESHELL	4440 NW 41 TERRACE	LAUDERDALE LAKES, FL 33319

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 under section 119.07(3)(i), 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:

*Christine Bethel*

4/26/2004

954-234-4847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (01/04)

2