

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000081357

1. Entity Name  
STIRLING NURSERY, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

37 DEC 12 AM 9:57

Principal Place of Business  
18455 MIRAMAR PARKWAY  
#136  
MIRAMAR, FL 33029

Mailing Address  
18455 MIRAMAR PARKWAY  
#136  
MIRAMAR, FL 33029

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10152007 REIN-P CR2E098 (1/07)

4. FEI Number  
03-0394217

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERMANO, MICHAEL  
18455 MIRAMAR PARKWAY  
#136  
MIRAMAR, FL 33029

7. Name and Address of New Registered Agent

Name  
Andrew R. Herron, Esq.

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

1401 Brickell Avenue, Suite 840

City  
Miami

FL

Zip Code  
33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Michael Herron*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/05/07

FILE NOW!!! FEE IS \$750.00  
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PRES  
GERMANO, MICHAEL  
18455 MIRAMAR PARKWAY #136  
MIRAMAR, FL 33029

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

SEC  
GERMANO, MICHAEL  
18455 MIRAMAR PKWY #136  
MIRAMAR, FL 33029

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TRES  
GERMANO, MICHAEL  
18455 MIRAMAR PARKWAY #136  
MIRAMAR, FL 33029

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

500113085535  
12/12/07--01049--004 \*\*\$750.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael Gerardo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9544330023

REINSTATEMENT  
12/18/07