

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 06, 2002 8:00 A.M.
Secretary of State

DOCUMENT # P01000087876

1. Corporation Name

STERLING PETRO-CHEMICAL INC.

Principal Place of Business

Mailing Address

10871 N.W. 33 ST.
MIAMI FL 33172

10871 N.W. 33 ST.
MIAMI FL 33172



REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/04/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1135280

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SARMIENTO, MANUEL A	10871 N.W. 33 ST.	MIAMI FL 33172
D	SHAW, PETER	10871 N.W. 33 ST.	MIAMI FL 33172

600009397716
12/06/02--01036--020 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SARMIENTO, MANUEL A
10871 N.W. 33 ST.
MIAMI FL 33172

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

MANUEL A. SARMIENTO SIGNATURE REQUIRED

Date

11/30/02

REGISTERED AGENT MUST SIGN

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 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:

MANUEL A. SARMIENTO MANUEL A. SARMIENTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/02

Daytime Phone #

305-513-9939

CR2E040 (8/02)