


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P01000095180

1. Corporation Name

STERLING-MILLER PUBLISHING CO. INC.

Principal Place of Business

Mailing Address

12573 WOODMILL DR
PALM BEACH GARDENS FL 33418-8946

12573 WOODMILL DR
PALM BEACH GARDENS FL 33418-8946

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

2400 Presidential Way
Suite, Apt. #, etc. #1102

Same
Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State

Zip 33401 Country USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/2001

5. FEI Number

65-0553882

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SANDOW, STUART A	12573 WOODMILL DR	PALM BEACH GARDENS FL 33418
D	THORSON, PAMELA K	12573 WOODMILL DR	PALM BEACH GARDENS FL 33418

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANDOW, STUART A
12573 WOODMILL DR
PALM BEACH GARDENS FL 33418-8946

Name Pamela K. Thorson
Street Address (P.O. Box Number is Not Acceptable)
2400 Presidential Way
Suite, Apt. #, Etc. #1102
City West Palm Beach State FL Zip Code 33401

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

Pamela K. Thorson

REGISTERED AGENT MUST SIGN

Date

1/15/04

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:

Pamela K. Thorson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/04

Daytime Phone #

561-662-0813

FILED
04 FEB 24 AM 10:43
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (7/03)

STATE OF FLORIDA

OFFICE of VITAL STATISTICS
CERTIFIED COPYCERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO. 6002-12546

1. DECEDENT'S NAME FIRST: STUART MIDDLE: A LAST: SANDOW		2. SEX Male	
3. DATE OF DEATH (Month, Day, Year) November 29, 2002		4. SOCIAL SECURITY NUMBER 129-32-4959	
5. AGE - Last Birthday (Years) 59		6. UNDER 1 YEAR Months: Days: Hours: Minutes:	
7. DATE OF BIRTH (Month, Day, Year) April 8, 1943		8. BIRTHPLACE (City and State or Foreign Country) Buffalo, New York	
9. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify):		10. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No	
11. INSIDE CITY LIMITS? (Yes or No) Yes		12. COUNTY OF DEATH Palm Beach	
13. FACILITY NAME (If not institution, give street and number) Palm Beach Gardens Medical Center		14. CITY, TOWN, OR LOCATION OF DEATH Palm Beach Gardens	
15. DECEDENT'S USUAL OCCUPATION Publisher		16. KIND OF BUSINESS/INDUSTRY Books	
17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		18. SURVIVING SPOUSE (If wife, give maiden name) Pamela K. Thorson	
19. RESIDENCE - STATE Florida		20. COUNTY Palm Beach	
21. CITY, TOWN, OR LOCATION Palm Beach Gardens		22. STREET AND NUMBER 12573 Woodmill Drive	
23. INSIDE CITY LIMITS? (Yes or No) Yes		24. ZIP CODE 33418	
25. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Cuban, Puerto Rican, etc.) No		26. RACE - American-Indian, Black, White, etc. (Specify) White	
27. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12)		28. College (1-4 or 5+) 5+	
29. FATHER'S NAME (First, Middle, Last) Chester Sandow		30. MOTHER'S NAME (First, Middle, Maiden Surname) Lorraine Schmidt	
31. INFORMANT'S NAME (Type/Print) Pamela Sandow		32. MAILING ADDRESS (Street and Number, or Rural Route Number, City or Town, State, Zip Code) 12573 Woodmill Drive, Palm Beach Gardens, FL 33418	
33. MANNER OF DEATH Natural <input checked="" type="checkbox"/> Crementation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):		34. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Tri-County Crematory	
35. LOCATION - City or Town, State Stuart, Florida		36. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
37. LICENSE NUMBER (of Licensee) 3562		38. NAME AND ADDRESS OF FACILITY Aycok Funeral Home 1112 Military Trail, Jupiter, FL 33458	
39. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>[Signature]</i>		40. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) <i>[Signature]</i>	
41. DATE SIGNED (Mo., Day, Yr) 12/2/02		42. HOUR OF DEATH 11:00A	
43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		44. MEDICAL EXAMINER'S CASE #	
45. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Jacquelyn Swan, M.D., 2543 Burns Road, Palm Beach Gardens, Florida 33410			
46. SUBREGISTRAR - SIGNATURE AND DATE <i>[Signature]</i> 12-3-02		47. LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i>	
48. DATE REGISTERED DEC 04 2002		49. MEDICAL EXAMINER'S CASE #	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY *Pearlie Brown* DECEMBER 4, 2002

State Registrar

WARNING:
14104155THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.
THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.FLORIDA DEPARTMENT OF
HEALTH

DOH FORM 1564 (10-88)

Sterling-Miller Publishing Company, Inc.
2400 Presidential Way, #1102
West Palm Beach, FL 33401
561-681-9934
FEI #65-0553882

January 15, 2004

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Fee abatement

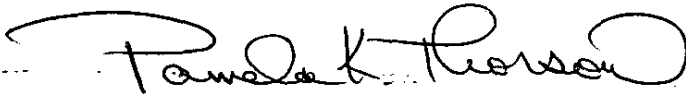
Dear Sir or Madam:

Enclosed please find our reinstatement application and check for \$150. I am enclosing only \$150 per your instructions, as I did not receive the UBR notice prior to receiving this reinstatement notice.

The reasons for our not receiving the notice are probably because Stuart A. Sandow, the prior president, died on November 29, 2002. Then the offices were moved in July of 2003. I was named president following the death of Dr. Sandow.

We trust this reinstatement will be acceptable and look forward to receiving the next UBR form at our new address. Thank you for your assistance in this matter.

Sincerely,



Pamela K. Thorson
President

Enclosures

cc
n
y