


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 MAY 24 PM 3:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA 03-05 700055151617 05/24/05--01002--001 **1050.00	
DOCUMENT # <u>P02000009203</u>					
1. Corporation Name <u>Sterling Consultants, Inc.</u>					
2. Principal Office Address <u>1440 Coral Ridge Dr.</u>			3. Mailing Office Address <u>1374 CYPRESS WAY</u>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <u>Coral Springs, FL</u>			City & State <u>Boca Raton, FL</u>		
Zip <u>33071</u>	Country <u>USA</u>	Zip <u>33486</u>	Country <u>USA</u>	4. Date Incorporated or Qualified To Do Business in Florida <u>1-22-2002</u>	
5. FEI Number <u>02-0549527</u>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>Michael J. KRANTZ</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>1374 CYPRESS WAY</u>					
Suite, Apt. #, Etc.					
City <u>BOCA RATON</u>				State <u>FL</u>	Zip Code <u>33486</u>
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 <u>Michael J. Krantz</u> REGISTERED AGENT MUST SIGN				Date <u>5-18-2005</u>	
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	
Pres.	Michael J. KRANTZ	1374 CYPRESS WAY		BOCA RATON, FL 33486	
V.P.	Robert P. KRANTZ	1374 CYPRESS WAY		BOCA RATON, FL 33486	
Sec.	Pamela S. KRANTZ	1374 CYPRESS WAY		BOCA RATON, FL 33486	
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: <u>Michael J. Krantz [Michael J. KRANTZ]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>5-18-05</u>	
Daytime Phone # <u>954-336-2616</u>				954-336-2616	

CR2E081 (01/05)