

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 NOV -7 AM 10: 52

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000020573

1. Corporation Name

**STERLING VACATION HOMES INC.**

2. Principal Office Address - No P.O. Box #  
14900 E Orange Lake Blvd

3. Mailing Office Address  
14900 E Orange Lake Blvd

Suite, Apt. #, etc.  
#470

Suite, Apt. #, etc.  
#470

City & State  
Kissimmee, FL

City & State  
Kissimmee, FL

Zip Country  
34747 USA

Zip Country  
34747 USA

**REINSTATEMENT 03-07**  
CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida 2/22/2002

5. FEI Number

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  
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET

Suite, Apt. #, Etc.

City  
TALLAHASSEE

State Zip Code  
FL 32301

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 11/6/2007

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
D	ROBERTA V BERIAULT	4936 Yonge St. Suite 212	North York, ON Canada M2N6S3
D	KEITH W MORAN	4936 Yonge St. Suite 212	North York, ON Canada M2N6S3
D	ELAINE M INGLESAN	4936 Yonge St. Suite 212	North York, ON Canada M2N6S3

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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 contained in Chapter 119, 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:

ROBERTA BERIAULT 11/6/2007 1-888-498-1757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #