

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 DEC -1 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

*Sterling Storm & Security*  
*P02000043978*

**REINSTATEMENT 03**

2. Principal Office Address

*248 St. Thomas St.*

3. Mailing Office Address

*248 St. Thomas St.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*St. Augustine/Florida*

City & State

*Florida / St. Augustine*

Zip

*32095*

Country

*USA*

Zip

*32095*

Country

*USA*

*200024715532*  
*11/14/03--01074--031 \*\*150.00*

4. Date Incorporated or Qualified  
To Do Business in Florida

*April 16, 2002*

5. FEI Number

*04-3658320*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

*NA* \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

*Christopher Koloc*

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

*248 St. Thomas St.*

Suite, Apt. #, Etc.

City

*St. Augustine*

State

*FL*

Zip Code

*32095*

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

*Christopher Koloc*

Date *11/12/03*

REGISTERED AGENT MUST SIGN

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
<i>C</i>	<i>Christopher Koloc</i>	<i>248 St. Thomas St. Aug. Fl.</i>	<i>St Augustine Fl. 32095</i>
<i>P</i>	<i>Christopher Koloc</i>	<i>"</i>	<i>"</i>
<i>V</i>	<i>Jennifer Koloc</i>	<i>"</i>	<i>"</i>
<i>S</i>	<i>Jennifer Koloc</i>	<i>"</i>	<i>"</i>
<i>T</i>	<i>Christopher Koloc</i>	<i>"</i>	<i>"</i>

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:

*Christopher Koloc*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11/12/03*

Date

*904 827-0456*

Daytime Phone #

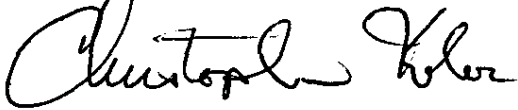
CR2E081 (10/02)

11-12-03

Dear Sir or Madam,

I recently discovered that my corporation had been administratively dissolved. I incorporated only a year ago and was unaware of the UBR that needed to be filed. I apologize for not filing this form, as it was the first time I would have had to. I have enclosed the completed reinstatement form with a check for one hundred and fifty dollars. Please allow me to reinstate and I will be certain to file all necessary forms in the future.

Sincerely,  
Christopher Koloc

A handwritten signature in cursive script, appearing to read "Christopher Koloc".

Mailing Address:

Sterling Storm & Security Inc  
248 St Thomas St.  
St Augustine Fl 32095