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 # P02000084619

1. Corporation Name

STERLING INTERACTIVE, INC.

Principal Place of Business

Mailing Address

5901 SW 74TH ST. STE 310 SOUTH MIAMI FL 33143 5901 SW 74TH ST. STE 310 SOUTH MIAM! FL 33143 FILED

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SECRETARY OF STATE PLORIDA

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2. New Prin	ncipal Office	Address, If Applicable	3. New Maili	ncorrect information and enter correction below. New Mailing Office Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida 08/06/2002				
Suite, Apt. 4	'		Suite, Apt. #, etc.			5. FEI Number Applied For Not Applicable						
	•	T = .	City & State				6.	Not Applicable ional Fee required				
Zip		Country	Zip Country				CERTIFICATE	for a Cert	ificate of Status			
7. Names a	and Street Ad	Idresses of Each Officer and/	or Director (Flo	rida nonprof				Ι				
Title(s)	itle(s) Name of Officers and/or Directors			Str. Off				4	ty / State / Zip			
fres, UP Sectricas.	Slephe	en J. Dresnick	-100 1304		043 DEVINSBAY T		2116 HIM	Coval (2010) 33158 - 2	1897) 18. El			
						-						
8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent					
Name							- 1 <u>24</u>					
REGISTERED AGENTS OF FLORIDA, LLC.						Street Address (P.O. Box Number is Not Acceptable)						
100 SE 2ND ST, STE 3500 2944 Floor MIAMI FL 33131				Suite, Apt. #, Etc.								
					City			State Zip Code				
10. I, being Signature o	ıf	ne registered agent of the roo	ve named corpo	* · · · · ·	p	th and accept the of		on 607.0505, F.S. or 61	7.0505, F.S.			
- 11 Loortife	that I am an	$\nu/-$	GISTERED AG	ENT MUST	SIGN					ant when filling		
ii.iceniry	mai i am an	officer or director or the recei-	ver or trustee et	npowerea to	execute	uns application as p	novided for in cha	ipier ou/ or b1/, h.S. If	uniner certify th	iai when filing		

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:

SIGNATURE AND TYPED OR CHINTED NAME OF SIGNING OFFICER OR DIRECTOR

edaska

Davrime Phone #

n-1501.1



December 30, 2003

Florida Department of State Division or Corporations P.O. Box 6327 Tallahassee, Fl 32314

Re:

Sterling Interactive, Inc.

FEI Number 01-0742663

Dear Sir\Madam:

We have received a Notice of Administrative Dissolution or Revocation for Sterling Interactive, Inc. We did submit a 2003 Uniform Business Report for this company. The form we received came under the name of Interactive Learning Solutions, Inc. We used this form, as it was the only one received at that time for this company and what we did was cross of the name and write in the correct name. We spoke to one of your representative's on 12/29/03 and was told that we should have gotten a blank form instead. Attached please find copy of said form as well as copy of the check stub where it shows that payment was made.

Enclosed please find Application for Reinstatement and a check for \$150.00 the filing fee of the Uniform Business Report for this company. Please accept this form and fee for the reinstatement of this company and waive any additional fee. Your consideration in this matter is appreciated.

Should you have any questions please do not he sitate to contact Barbara Regalado at (305) 740-5866 ext 108.

Sincerely,

Stephen J. Dresnick, MD

President/CEO

Enclosures