PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

r LEASIT NEAD	ALE INSTRUCT	TONS BEI OILE C	OWII EETI	140 THIS FORWER
CORPORATION REINSTATEMENT	Secretar	TMENT OF STATE  TY of State  CORPORATIONS		FILED 09 OCT 22 AMIL: 46
DOCUMENT # P05000143140			SECRETARY OF STATE FALLAHASSEE, FLORIDA	
Sterling Imports & Exports Inc.				**
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address		958	800162067918 10/23/0901002007 **300.00	
2647 NE 186 Terrace	647 NE 186 Terrace P.O. BOX 6307-12		CR2E081 (12/08)	
Suite, Apt. #, etc. Suite, Apt. #, etc.				
				orated or Qualified ness in Florida 10-20-05
City & State City & State			5. FEI Number Applied For	
No. Miani Beach, Flonda		out Florida		Not Applicable
33180 Country USA	33163	Country	6. CERTIFICATE	SOF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name			ider⊤ho ro	instatement fee is imposed, except in
· EAB & Associates			circumstances which the entity did not receive the prior notices. By checking this box, you	
Street Address (P.O. Box Number is Not Acceptable)  2647 NE 186 Terrore				
Suite, Apt. #, Etc.			are certifying the prior notices were not received and requesting the reinstatement	
7.0.4		fee be waived.		
North Migmi Beach		FL 33180		
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 10-8-09
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 Director		Street Address of Each Officer and/or Director	<u> </u>	City / State / Zip
PSTD Aileen Schecter 2647 NE 186 TO		IT NE 186 Ten	rale.	No. Hiani Beach, FL 33180
	3.		<u> </u>	
REINSTATEMENT				
RH_				
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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: CHURCH BOND AND THE PROPERTY OF SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Date  Designed House #				