

APPLICATION  
FOR  
REINSTATEMENT



Sandra B. Mortham  
Secretary of State

## DIVISION OF CORPORATIONS

**FILED**

96 DEC -2 AM 7:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 912836

**Sterling Services Incorporated, A  
South Carolina Corporation**

316 Senate St.  
Columbia, SC  
2920

P.O. Box 5996  
Columbia, SC  
29250

**REINSTATEMENT** 94-96

DO NOT WRITE IN THIS SPACE

12/31/86.

57-0751381

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED [

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Walter Bull	1704 Catawba St.	Columbia, SC 29205
S	Frances Bull	1704 Catawba St.	Columbia, SC 29205
			400002022164--0
			-12/06/96--01062--006
			****775.00 ****775.00
			11312-4-96

9. Name and Address of New Registered Agent

Lindy Myer  
135 Linstew Dr. N.W.  
Ft. Walton Beach, FL 32548

Name

**-Douglas Cope-**

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

7012 Yellow Bluff Rd.

Suite, Apt. #, Etc.

City

## Panama City

State

Zip Code	
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32404

10 I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Douglas L Cope  
REGISTERED

REGISTERED AGENT MUST SIGN

Date 26/10/1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

<sup>12</sup> I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:**

WALTER BULL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/4

03 256 2401

Date \_\_\_\_\_

Daytime Phone #