

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 15 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000077243**

1. Corporation Name
STERLING HOMES OF INDIAN RIVER, INC.

Principal Place of Business
**945 PAINTED BUNTING LANE
VERO BEACH FL 32963**

Mailing Address
**945 PAINTED BUNTING LANE
VERO BEACH FL 32963**



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/08/1993	
City & State		City & State		5. FEI Number 65-0455683	
Zip		Zip		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors).

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
D	PULLEN, CAROLYN S	945 PAINTED BUNTING LANE	VERO BEACH FL 32963
D	PULLEN, RICHARD T	945 PAINTED BUNTING LANE	VERO BEACH FL 32963
D	DMARZO, JAMES W	4625 NORTH A1A	VERO BEACH FL 32904
D	HERMES, TIMOTHY	673 LAKE DRIVE	VERO BEACH FL 32963
			800002009848--1
			-11/20/96--01073--018
			***375.00 ***375.00
			9611-13-9

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HENDERSON, STEVE L 817 BEACHLAND VERO BEACH FL 32963		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
		FL	

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 *Steve L Henderson* **SIGNATURE REQUIRED** Date _____

REGISTERED AGENT MUST SIGN

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.)

12. 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: *Richard T. Pullen* **SIGNATURE REQUIRED** Date 10/11/96 Daytime Phone # 561-234-3611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR