


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
|-------------------------------------|---|--|
| APPLICATION FOR REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------|---|--|

DOCUMENT # **P94000056792**

1. Corporation Name

STERLING CAPITAL CORPORATION

Principal Place of Business

Mailing Address

8603 S. DIXIE HWY.
SUITE 217
MIAMI FL

8275 SW 53 AVE
MIAMI FL 33143
US

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

08/01/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0507439

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| D | MENDOZA, CLAUDIO J | 8603 S. DIXIE HWY., STE. 217 | MIAMI FL |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

800004717228--5
-12/10/01--01094--004
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MENDOZA, CLAUDIO J
8275 S.W. 53RD AVE.
MIAMI FL

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

Date

11/21/01

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/01

305 661-2675

CR2E040 (8/01)



Sterling Capital Corp.

3191 Coral Way, PH 201
Miami, FL 33145
Phone #: (305) 357-1655, (305) 661-2675
Fax #: (305) 357-1656, (305) 661-2507

November 26, 2001

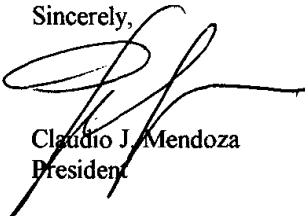
TO WHOM IT MAY CONCERN:

This company received a notification of Administrative Dissolution or Revocation from your offices recently. We were not aware of our delinquency in filing since we have not received any of your earlier correspondence.

We moved on June, 2001 which may explain the reason for the situation. Please find enclosed the normal fee with the necessary information.

Your consideration in this matter will be greatly appreciated.

Sincerely,



Claudio J. Mendoza
President