

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000010780**

1. Corporation Name

STERLING-MILLER PUBLISHING CO. INC.

Principal Place of Business

BAYSIDE 1001 ALTERNATE AIA
JUPITER FL 33477-3209

Mailing Address

BAYSIDE 1001 ALTERNATE AIA
JUPITER FL 33477-3209

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/1995

5. FEI Number

65-0553882

Applied For

Not Applicable

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)

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	SANDOW, STUART A	BAYSIDE 1001 ALTERNATE AIA	JUPITER FL 33477

100002032441--3

-12/18/96-01052-020

***375.00 ***375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD.
SUITE 211
PALM BEACH GARDENS FL 33418

9. Name and Address of New Registered Agent

Name

STUART A. SANDOW

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

BAYSIDE 1001 ALT. AIA

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33477

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

REGISTERED AGENT MUST SIGN

Date 11.28.96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.28.96

Date

561 622 1244

Daytime Phone #