

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 20 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000032354

1. Corporation Name

STERLING SHUTTLE SERVICE, INC.

2. Principal Office Address 7400

INTERNATIONAL DR.

Suite, Apt. #, etc.

1106

City & State

ORLANDO, FL

Zip

32819

Country

USA

3. Mailing Office Address

2417 LAKE DEBRA DR

Suite, Apt. #, etc.

1313

City & State

ORLANDO, FL

Zip

32835

Country

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

4/09/1996

5. FEI Number

593377243

Applied For...

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LUY ALAMDAR

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

2417 LAKE DEBRA DR. #1313

Suite, Apt. #, Etc.

#1313

City

ORLANDO

State

FL

Zip Code

32835

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

LUY ALAMDAR

REGISTERED AGENT MUST SIGN

Date 12-15-04

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 Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LUY ALAMDAR	2417 LAKE DEBRA DR. #1313, ORLANDO, FL 32835	
V	NATALIE ALAMDAR	2417 LAKE DEBRA DR #1313, ORLANDO, FL 32835	
C	SELSEL ALAMDAR	8033 ST. ANDREWS Circle, ORLANDO, FL 32835	

10. I certify that I am an officer or director of 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

LUY ALAMDAR - LUY ALAMDAR

Date

12-15-04 (407)293-9616

Daytime Phone #

CR2E081 (01/04)

STERLING SHUTTLE SERVICE, INC.

2417 Lake Debra Dr., #1313

Orlando, FL 32835

Tel: (407) 293-9616 Fax: (407) 298-8146

12/15/04

To Whom It May Concern:

We are writing in regards to the 2002,2003 and 2004 Uniform Business Reports for our business "Sterling Shuttle Service, Inc." We did not receive the reports referenced above to complete and request that you kindly waive the Reinstatement fee for us. We have attached the form that we downloaded from your website and have attached the appropriate fee for all three years referenced above.

Thank you for your understanding and we await your reply.

Sincerely,


Lucy Alandor,
President