

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000082334

1. Corporation Name

STERLING SENIOR SERVICES, INC.

Principal Place of Business

8441 MERRILL CIR
LARGO FL 34777

Mailing Address

111 2ND AVE NE SUITE 805
SAINT PETERSBURG FL 33701

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

2. New Principal Office Address, If Applicable

111 2ND AVE NE SUITE 805
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

SAINT PETERSBURG FL

City & State

Zip

33701

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1997

5. FEI Number

59-3471368

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SOPER, JAMES	8452 MERRILL CIRCLE 111 2ND AVE NE SUITE 805	LARGO FL 34777 SAINT PETERSBURG FL 33701

4000008613324
10/28/02--01050--007 **750.00

8. Name and Address of Current Registered Agent

BACON, DAVID A
2959 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/23/02

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.

JAMES J. SOPER

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/25/2002

727-896-1062
Daytime Phone #

FILED

02 OCT 28 PM 3: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2002

CR2040 (8/02)