PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING APPLICATION FLORID PARTIENT COMPA Ke the file Harris Secretary of State Division of Corporations

OMPLETING THIS FORM.

FILED 00 JUN 29 PM 5: 52 DOCUMENT # P98000050042 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA Sterling Title Services, Inc. Mailing Address Principal Place of Business 729 S. Federal Highway (same) Suite 210 Stuart, FL 34994 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified 2. New Principal Office Address, If Applicable To Do Business in Florida June 4, 1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable 65-0846576 \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) and/or Directors Title(s) D, P, Michael J. McNicholas Jensen Beach, FL 34957 2961 N. E. Heather Court S & T 5628 S.E. Lamay Drive Stuart, FL 34997 Pasquale G. Zarro 900003328269---07/19/00--01091--006 ****300.00 ****300.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Robert C. Hackney Street Address (P.O. Box Number is Not Acceptable) Amerilawyer 343 Almeria Avenue 2000 PGA Blvd. Coral Gables, FL 33134 Suite, Apt. #, Etc. <u>Suite 4410</u> State Zip Code N. Palm Beach 33408 10. I, being appointed the registe/ed agent of the above/named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of REGISTERED AGENT MUST SIGN Date 6/-22/-00-Registered Agent 11. This corporation owes the current year (See other side for information No 🗵 on intangible tax.) Yes LJ Intangible Personal Property Tax due June 30. 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

2. 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:

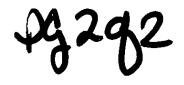
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

_6/23/00___

561_781_0411__ Daytime Phone #

Michael J. McNicholas, President





ATTORNEYS & COUNSELORS AT LAW
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June 22, 2000

State of Florida Division of Corporations Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314

Re: Sterling Title Services, Inc.

Dear Sir or Madam:

Attached is an Application for Reinstatement for the above-captioned Florida corporation, along with a check in the amount of \$300 to cover the filing fees for 1999 and 2000.

We request that the penalty fees be waived in this circumstance as the corporation transferred ownership and my client, the new owner, never received the annual report forms.

Thank you for your assistance in this reinstatement. If you have any questions, please feel free to give me a call.

Very truly yours.

Robert C. Haekney