

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 MAY -4 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S 82714 (582714)**

1. Corporation Name

**STERLING TRANSPORTATION SERVICES, INC.**

**400004287354--3**  
-05/22/01--01071--009  
\*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address

**15200 LAUREL LNS**

Suite, Apt. #, etc.

City & State

**Pembroke Pines FL**

Zip

**33027**

Country

**USA**

3. Mailing Office Address

**15200 LAUREL LN S.**

Suite, Apt. #, etc.

City & State

**Pembroke Pines FL**

Zip

**33027**

Country

**USA**

**2001 UBR**

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/01/1991**

5. FEI Number

**65-0284981**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**JOEL MINTZER**

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

**15200 LAUREL LN S**

Suite, Apt. #, Etc.

City

**Pembroke Pines**

State

**FL**

Zip Code

**33027**

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

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
Dir/ Pres	JOEL MINTZER	15200 LAUREL LN S	Pembroke Pines FL 33027
Dir/ Secy	ARLONE MINTZER	15200 LAUREL LN S	Pembroke Pines FL 33027

10. 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:

**JOEL MINTZER**

**JOEL MINTZER**

**4/20/01**

**954-496-9100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)