

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # V02100

1. Corporation Name

STIRLING HOTEL EMPLOYEE'S INC.

Principal Place of Business

5900 SW 73RD STREET  
SUITE 303  
MIAMI FL 33143  
US

Mailing Address

77 NO. HIBISCUS DR.  
MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

15 N Ocean Blvd

Suite, Apt. #, etc.

City & State

Pompano Beach

Zip 33062

Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/20/1991

5. FEI Number

65-0301612

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
VPD	MILLER, B. E	5900 S.W. 73RD ST., SUITE 303	MIAMI FL
PD	THOMAS, MICHAEL L	77 NORTH HIBISCUS DRIVE	MIAMI BEACH FL 33139
			0000003782890-2 -02/27/01--01084--010 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

THOMAS, LOLA  
77 NO. HIBISCUS DR.  
MIAMI FL 33139

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Lola Thomas*  
REGISTERED AGENT MUST SIGN

Date

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL THOMAS

Date

1/23/01

Daytime Phone #



FILED

01 FEB 20 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E040 (8/00)