PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	FLORIDA DEPA Secret DIVISION O	ary of S	tate		FILED 08 DEC -8 AMI	0: 09	
DOCUMENT # J51673 1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Silverton Mining Corp. Limited						NSTAT	LNT	
2. Principal Office Address - No.P.O. Box # 3. Malling Office Address						600138701126 1270870801069001 **908.75		
3083 Hastings: St. same						CR2E081 (10/08)		
Su. *	Suite Apt. #, etc. Suite 21 San					orated or Qualified ness in Florida	7187	
City & State	ity & State Vancua Ver BC. Sax				5. FEI Numbe			
75/	151247 Canada sara			anada	R	TE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent								
Incorp Services, Inc.					☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
Street Address (P.O. Box Number is Not Acceptable) TI 888 (0711 COURT NOVH)								
Suite, Apt. #, Etc.								
City Loxahatchee State 33470								
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 Acceptance Services Date 15/08 REGISTERED AGENT MUST SIGN Inc.								
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 Eac Officer and/or Directo		City / State / Zip		
Pres.	Antonio Papalia		31083 Hastings St#2			Vancauver,	6K 441	
Sec.	Antonio Papalia		31083 Hastings				5K 427	
Tiea.	Antonio Paix	alia 30	283	Hastina	is St21	Canada.	B.C. V5K 427	
Direc.	Antonio Para	alia 36	83t	tastino	isSt#21	Canada	13.C. V5K 427	
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 contained in Chapter 119, 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 Date Date Daylime Phone #								