

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


2007 NOV 21 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500112600025  
11/27/07--01023--007 \*\*150.00

CR2E081 (1/07)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000096530

1. Corporation Name

**SILVER STONE ENTERPRISE INC.**

|  |         |  |         |
|--|---------|--|---------|
| 2. Principal Office Address - No P.O. Box #<br>2811 28th Street SW |         | 3. Mailing Office Address<br>2811 28th Street SW |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.                              |         |
| City & State<br>Lehigh Acres, Florida                              |         | City & State<br>Lehigh Acres, Florida            |         |
| Zip<br>33976   | Country | Zip<br>33976                                     | Country |

4. Date Incorporated or Qualified To Do Business in Florida 07/21/2006

5. FEI Number 22-3939347  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  
**SPIEGEL & UTRERA, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
1840 Southwest 22nd Street

Suite, Apt. #, Etc.  
4th Floor

City Miami State FL Zip Code 33145

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.

*[Signature]*

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.

**SPIEGEL & UTRERA, P.A.**

Signature of Registered Agent By: *[Signature]* Date 11-19-07  
Natalia Utrera, Vice President REGISTERED AGENT MUST SIGN

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 Each Officer and/or Director | City / State / Zip          |
|--------|-----------------------------------|--|-----------------------------|
| PTD    | Bogdan, Lovrin L.                 | 2811 28th Street SW                            | Lehigh Acres, Florida 33976 |
| VS     | Ciucurovski, Mihai                | 2811 28th Street SW                            | Lehigh Acres, Florida 33976 |
|        |                                   |  |                             |
|        |                                   |  |                             |
|        |                                   |  |                             |

**REINSTATEMENT**  
2007

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]* 11.12.07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SPIEGEL & UTRERA, P.A.

(Requestor's Name)

1840 SOUTHWEST 22 STREET, 4TH FLOOR

MIAMI, FL 33145 - (305) 854-6000

RECEIVED

07 NOV 21 AM 10:31

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S)**

(if known):

OFFICE USE ONLY

- |    |   |   |
|----|---|---|
| 1. | SILVER STONE ENTERPRISE INC.<br><small>(Corporation Name)</small> | P06000096530<br><small>(Document #)</small> |
| 2. | <br><small>(Corporation Name)</small>                             | <br><small>(Document #)</small>             |
| 3. | <br><small>(Corporation Name)</small>                             | <br><small>(Document #)</small>             |
| 4. | <br><small>(Corporation Name)</small>                             | <br><small>(Document #)</small>             |

Walk-In     Pick up time \_\_\_\_\_     Certified Copy

Mail out     Will wait     Photocopy     Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION      |                     |
|-------------------------------------|---------------------|
| <input type="checkbox"/>            | Foreign             |
| <input type="checkbox"/>            | Limited Partnership |
| <input checked="" type="checkbox"/> | Reinstatement       |
| <input type="checkbox"/>            | Trademark           |
| <input type="checkbox"/>            | Other               |

Examiner's Initials