


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -8 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000011777 1. Entity Name SILVA MACHINE MAINTENANCE, INC.	
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Principal Place of Business 530 HIGH STREET BUNNELL, FL 32110	Mailing Address 530 HIGH STREET BUNNELL, FL 32110
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2. Principal Place of Business - No P.O. Box # 530 High Street Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Bunnell, Florida	City & State		
Zip 32110	Country USA	Zip	Country



11192008 REIN-P CR2E098 (1/07)

4. FEI Number 32-0192101	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent QUINN, MARK 561 NE 79TH STREET SUITE 203 MIAMI, FL 32138	7. Name and Address of New Registered Agent Name DAYTONA SOLUTIONS! INC. Street Address (P.O. Box Number, No. or Apt. #) 3248 CLAYTON ST. DAYTONA BEACH, FL 32114 City FL Zip Code 32114 (386) 239-7637
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Marcie Sg (President Daytona Solutions Inc)* 11/19/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete SILVA, JAVIER 530 HIGH STREET BUNNELL, FL 32110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200138687302 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/08/08--01040--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Javier Silva* 11/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #