


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000019222 1. Entity Name SILWAD, INC.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 08 FEB 29 PM 3:22

Principal Place of Business 901 9TH STREET NORTH ST. PETERSBURG, FL 33702 US	Mailing Address 901 9TH STREET NORTH ST. PETERSBURG, FL 33702 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	02262008	REIN-P	CR2E098 (1/07)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3229973		
City & State	City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAMED, SAMEER M 901 9TH STREET NORTH ST. PETERSBURG, FL 33702	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

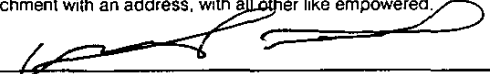
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete HAMED, SAMEER M	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800119264848
NAME	901 9TH STREET NORTH	NAME	03/03/08--01/29--005 **300.00
STREET ADDRESS	ST. PETERSBURG, FL 33702	STREET ADDRESS	B 3/4/08
CITY-ST-ZIP		CITY-ST-ZIP	REINSTATEMENT 07-08
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE: **2/26/08** DAYTIME PHONE #: **727-896-2714**