

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

01 MAR 27 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99292

1. Corporation Name

S.I.L. INVESTMENT COMPANY, INC.

2. Principal Office Address

19667 Turnberry Way

Suite, Apt. #, etc.

Apt. # 14E

City & State

Aventura, Florida

Zip
33180

Country
USA

3. Mailing Office Address

19667 Turnberry Way

Suite, Apt. #, etc.

Apt. # 14E

City & State

Aventura, Florida

Zip
33180

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/7/82

5. FEI Number

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

Isaac Hamui

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

19667 Turnberry Way

Suite, Apt. #, Etc.

Apt. #14E

City

Aventura

State
FL

Zip Code
33180

500003996025--2

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*******8.75 *****8.75**

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*****2590.00 ***2590.00**

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 **X**

REGISTERED AGENT MUST SIGN

Date **3/19/01**

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
D, P, VP S, T	Isaac Hamui	19667 Turnberry Way Apt. #14E	Aventura, FL 33180

REINSTATEMENT 84-01
M-W

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 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: X

Isaac Hamui

(305) 935-1668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #