

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# G72932

Entity Name: SILE SOLE, INC.

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

2520 NW 16 LANE  
SUITE 4  
POMPANO BEACH, FL 33064 US

## **Current Mailing Address:**

PO BOX 50258  
SUITE # 4  
LIGHTHOUSE POINT, FL 33064 US

## **New Principal Place of Business:**

1500 WEST COPANS ROAD  
SUITE A7  
POMPANO BEACH, FL 33064 US

## **New Mailing Address:**

PO BOX 50258  
LIGHTHOUSE POINT, FL 33074 US

FEI Number: 59-2364049

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

SINOVCIC, ANTE  
2124 N.E. 44 STREET  
LIGHTHOUSE POINT, FL 33064 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE: ANTE SINOVCIC

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: SINOVCIC, ANTE  
Address: 2124 NE 44 STREET  
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: V  
Name: SINOVCIC, MARC ANTHONY  
Address: 2124 N.E. 44 STREET  
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: ST  
Name: SINOVCIC, ANTHONY  
Address: 905 SE 14 CORT  
City-St-Zip: DEERFIELD BEACH, FL 33441 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANTE SINOVCIC

P

01/12/2012

Electronic Signature of Signing Officer or Director

Date