PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 15 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96

DOCUMENT # J29973

1. Corporation Name

SILVER 925 INC

Principal Place of Business	Mailing Address
168 SE 1st Street 12 FL Miami, Florida 33131 USA	168 SE 1st Street 12th FL" Miami Florida 33131 USA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida: 08/20/96

5. FEI Number: 59-2823008 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	BENDAYAN, MAURICE	16485 COLLINS AVE #231	N. MIAMI BEACH, FLORIDA
V	BENDAYAN, SALOMON	168 SE 1st Street, 12FL	MIAMI, FLORIDA

800002009618--8
-11/20/96--01053--001
*****17.50 ******8.75

800002009618--8
-11/20/96--01053--002
****750.00 ****375.00

JB 11-15-96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BENDAYAN, MAURICE 16485 COLLINS AVENUE APT. 231 N. MIAMI BEACH, FLORIDA 33160	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date 11/14/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(x) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] SALOMON BENDAYAN 11/14/96 305 37[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #