

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K09749

1. Corporation Name

SILENT PARTNER, INC.

Principal Place of Business

1413 S.W. 10TH STREET
FT. LAUDERDALE FL 33312

Mailing Address

1413 S.W. 10TH STREET
FT. LAUDERDALE FL 33312

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 4:09



REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1987

5. FEI Number

65-0030212

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	LEININGER, RONALD B.	1413 S.W. 10TH STREET	FT. LAUDERDALE FL
			400004685314--5 -11/16/01--01056--006 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

WHITE, ROBERT A.
1401 UNIVERSITY DR, STE 600
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State **FL** Zip Code

CR2E040 (8/01)

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

REGISTERED AGENT MUST SIGN

Date

10/23/01

11. 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: Ronald B. Leininger, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-01 904-956-1048

Date

Daytime Phone #