(((H08000159823 3)))

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUL -7 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L01000012809

1. Limited Liability Company's Name

Silvergreen, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
528 W 27 Street	6670 S. Biscayne Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah FL	City & State: North Port FL
Zip: 33010 Country: US	Zip: 34287 Country:

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 08-00-2001

6. FEI Number: 26-2859529 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Graciela Morales

Street Address (P.O. Box Number is Not Acceptable): 6670 S. Biscayne Drive

Suite, Apt. #, Etc.:

City: North Port State: FL Zip Code: 34287

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] Date: _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	Graciela Morales	6670 S. Biscayne Dr.	North Port, FL 34287

REINSTATEMENT 2001-2008 693.75

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager: [signature] Date: _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager: Graciela Morales

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000159823 3)))

H080001598233ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : I20070000146
Phone : (305)406-3800
Fax Number : (305)406-3999

Attention: Marsha Thomas

LIMITED LIABILITY REINSTATEMENT

SILVERGREEN, L.C.

Certificate of Status	0
Certified Copy	0
Page Count	3
Estimated Charge	[redacted]

$693.75

Electronic Filing Menu Corporate Filing Menu Help