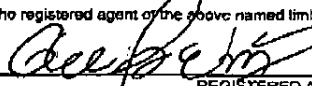
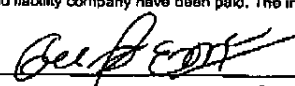


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L01000012809			
1. Limited Liability Company's Name Silvergreen, LLC			
2. Principal Office Address - No P.O. Box # 528 W 27 Street Suite, Apt. #, etc.		3. Mailing Office Address 6670 S. Biscayne Dr. 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 08-08-2001	
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
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  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 2004-2008 693.15			
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  Date _____ Daytime Phone # _____ Typed or printed name of signing Managing Member/Manager Graciela Morales			

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Division of Corporations

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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.

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