

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 27 AM 9:05

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L02000012581**

1. Limited Liability Company's Name  
**SilverLINE Partners LLC**

2. Principal Office Address  
**5423 AVE F**

Suite, Apt. #, etc.

City & State  
**McINTOSH FL**

Zip Country  
**32664 USA**

3. Mailing Office Address  
**PO Box 107**

Suite, Apt. #, etc.

City & State  
**McINTOSH FL**

Zip Country  
**32664 USA**

CR2E041 (8/05)

4. State/Country of Formation  
**FLORIDA**

5. Date Organized or Qualified To Do Business in Florida  
**5/23/02**

6. FEI Number  
**91-2042656**

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

**8. Name and Address of Current Registered Agent**

Name  
**SANDRA G. GIRARDIN**

Street Address (P.O. Box Number is Not Acceptable)  
**5423 AVE F**

Suite, Apt. #, Etc.

City  
**McINTOSH**

State Zip Code  
**FL 32664**

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  
**Sandra Girardin**  
REGISTERED AGENT MUST SIGN

Date  
**7-24-06**

**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
<b>MGR</b>	<b>Judith Baldwin</b>	<b>321 Burrows hill Rd</b>	<b>Hebron Ct. 06237</b>
<b>MGR</b>	<b>SANDRA GIRARDIN</b>	<b>5423 AVE F</b>	<b>McINTOSH FL 32664</b>

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02/01/06--01028--013 \*\*305.00

**REINSTATEMENT 03-06**

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  
**Sandra Girardin** Date  
**7-24-06** Daytime Phone #  
**352-591-1435**

Typed or printed name of signing Managing Member/Manager  
**SANDRA GIRARDIN**