

PLEASE READ ALL INSTRUCTIONS

BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**Aug 15, 2005 8:00 A.M.**  
**Secretary of State**

DOCUMENT # L02000013663

1. Limited Liability Company's Name

SILVER EAGLE LLC

07/20/05--01017--007 \*\*50.00

2. Principal Office Address

2866 NE 30TH STREET

Suite, Apt. #, etc.

City &amp; State

FT LAUDERDALE FL

Zip  
33306

Country

3. Mailing Office Address

2866 NE 30TH STREET

Suite, Apt. #, etc.

City &amp; State

FT LAUDERDALE FL

Zip  
33306

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

35-2171611

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

DOANE, JAMES F

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

2866 NE 30TH STREET

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33306

900055581939  
06/01/05--01050--003 \*\*200.00

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*James F. Doane*

REGISTERED AGENT MUST SIGN

Date 5/23/05

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
MGR	<i>James F. Doane</i>	<i>2866 N.E. 30<sup>th</sup> St. #21</i>	<i> Ft. Lauderdale, Fl. 33306</i>
MGR	<i>Monica L. Doane</i>	<i>2866 N.E. 30<sup>th</sup> St. #21</i>	<i> Ft. Lauderdale, Fl. 33306</i>

REINSTATEMENT 03-05

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

*James F. Doane*

Date 5/23/05

Daytime Phone # 954-565-4241

Typed or printed name of signing Managing Member/Manager