2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
06 OCT 18 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000023985

1. Entity Name
SILVERLIGHT HOLDING L.L.C.

10182006 REIN-LLC CR2E101 (11/05)

Principal Place of Business	Mailing Address
STE. 302, EAST BLDG., #34/20, CUBA AVE. & 34TH STREET, PANAMA 5 REPUBLIC OF PANAMA, XX	1220 N. MARKET STREET, SUITE 808 WILMINGTON, DE 19801
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: NOT APPLICABLE — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA FILING & SEARCH SERVICES, INC.	Name
~~1333 DUVAL STREET~~	Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Drive, Suite A
TALLAHASSEE, FL 32303	City: Tallahassee FL Zip Code: 32301

8. The above named entity submits this statement for the purpose of ~~changing its~~ registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature], President — 10/18/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EURO-AMEX EXCHANGE, INC. STE. 302 E. BLDG. #34/20, CUBA AVE. & 34TH PANAMA CITY 5, PANAMA. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SATURN INVESTMENT GROUP, S.A. STE. 302 E. BLDG. #34/20, CUBA AVE. & 34TH PANAMA CITY 5, PANAMA. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900080972239
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 2006

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Attorney-In-Fact of Member — 10/18/06 — 202-421-5757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

L02000023985

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
1333 N. DUVAL STREET, TALLAHASSEE, FL 32303
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10-18-06

NAME: SILVERLIGHT HOLDING L.L.C.

TYPE OF FILING: **REINSTATMENT**

COST: **$150**

RETURN:

ACCOUNT: **FCA0000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE**

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06 OCT 18 PM 4:11
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FLORIDA