

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION

07 DEC 28 AM 11:13

CR2E041 (1/07)

DOCUMENT # LO3000087056

1. Limited Liability Company's Name

Silver Lining Leasing, LLC

2. Principal Office Address - No P.O. Box #

2679 Stirling Rd
Suite, Apt. #, etc.
C306

3. Mailing Office Address

2679 Stirling Rd
Suite, Apt. #, etc.
C306

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33312

Country

USA

Zip

33312

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

9/29/03

6. FEI Number

20-0259080

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

Matthew Silvers

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

1231 Washington St

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33019

☐ 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 12/22/07

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
<u>CEO</u>	<u>Matthew Silvers</u>	<u>1231 Washington St</u>	<u>Hollywood, FL 33019</u>

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12/28/07--01035--001 **50.00

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 12/22/07

Daytime Phone # 305-978-3970

Typed or printed name of signing Managing Member/Manager