

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC -6 PM 2:06

DOCUMENT # L05000100192

1. Limited Liability Company's Name

SILVER HORIZON LLC

CR2E041 (1/07)

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

7955 NW 12th STREET

Suite, Apt. #, etc.

SUITE 400

City & State

MIAMI, FLORIDA

Zip

33126

Country

3. Mailing Office Address

10392 NW 46 TERRACE

Suite, Apt. #, etc.

City & State

DORAL, FLORIDA

Zip

33178

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/11/2005

6. FEI Number

20-3624081

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

JAIME ALVAREZ

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

7955 NW 12th STREET

Suite, Apt. #, Etc.

SUITE 400

City

MIAMI

State

FL

Zip Code

33126

☒ 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

REGISTERED AGENT MUST SIGN

Date 12/2/07

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	JAIME ALVAREZ	7955 NW 12 STREET, SUITE 400	MIAMI, FL, 33126
MGRM	DARLENE GARCIA	7955 NW 12 STREET, SUITE 400	MIAMI, FL, 33126

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REINSTATEMENT 2006-07

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

12/2/07

Daytime Phone #

305-776-2534

Typed or printed name of signing Managing Member/Manager

JAIME ALVAREZ