

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000105454

1. Limited Liability Company's Name

SILVAPLEX LLC

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

1999 NE 150 Street

Suite, Apt. #, etc.

103

City & State

No. Miami, FLA.

Zip

33181

Country

DADE

3. Mailing Office Address

1999 NE 150 Street

Suite, Apt. #, etc.

103

City & State

No. Florida
MIAMI

Zip

33181

Country

Dade

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 10/17/2007

6. FEI Number

22-3970280

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

E-mail Address:

NONE

100201538381

04/13/11--01002--015 **377.50

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name

RODLYN ANDERSON

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

1999 NE 150 Street

Suite, Apt. #, Etc.

103

City

N. Miami

State

FL

Zip Code

33181

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

Anderson

Date

4/7/11

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
MR.	RODLYN ANDERSON	1999 N.E. 150 ST, Suite 103	N. Miami, FLA.

REINSTATEMENT - 2010 - 2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Anderson

Date

4/7/11

Daytime Phone #

786-210-0605

Typed or printed name of signing Managing Member/Manager

C.L.