

REINSTATEMENT FOR RA.

102

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 MAY 29 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L13000085539

1. Limited Liability Company's Name

Silverdale, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 157 Whiteladies Rd. Suite, Apt. #, etc. 1st Floor, 1-3 St. James Ct. City & State Bristol, UK Zip BS8 2-QY Country GB		3. Mailing Office Address 1 Staveley Mead Suite, Apt. #, etc. Buxton Road City & State Eastbourne, East Sussex Zip BN20 7LB Country GB	
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4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida
6/13/2013

6. FEI Number
33-1230380

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status
RESUBMIT

8. Name and Address of Current Registered Agent	
Name Capitol Corporate Services, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 155 Office Plaza Drive	
Suite, Apt. #, Etc. Suite A	
City Tallahassee	State FL
Zip Code 32301	

000260708620

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Bayle Wendle asst sec
REGISTERED AGENT MUST SIGN

Date 5-29-2014

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Alan Bird	157 Whiteladies Rd.	Bristol, UK BS8 2-QY

11. E-mail Address alan.fbird@tiscali.co.uk

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Alan Bird

Date 09-05-14

Daytime Phone # 00 44 7991 92408

Typed or printed name of signing Authorized Representative/Manager Alan Bird

K. ASHTON

2052

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 5/29/14

NAME: SILVERDALE LLC

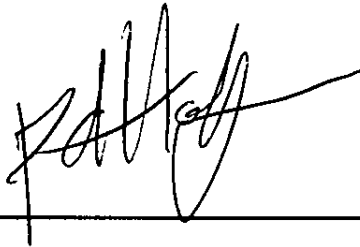
TYPE OF FILING: REINSTATEMENT

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AUTHORIZATION: ABBIE/PAUL HODGE



Fee as per conver. w/Deanne

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14 MAY 29 PM 2:49
DIVISION OF CORPORATION