REINSTATEMENT FOR RA.

1/052

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

DOCUMENT # L13000085539

1. Limited Liability Company's Name
Silverdale, LLC

CR2E041 (1/14)

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

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

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: Gayle Wendle asst sec Date: 5-29-2014
REGISTERED AGENT MUST SIGN

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 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 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: [signature] Date: 29.05.14 Daytime Phone #: 00 44 792 994 09

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

K. ASHTON

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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

COST: ~~100.00~~ $125.00 per Deanne

RETURN: PLAIN COPY PLEASE

ACCOUNT: **FCA000000015**

AUTHORIZATION: ABBIE/PAUL HODGE

RECEIVED
14 MAY 29 PM 2:49
DIVISION OF CORPORATION

Fee as per conver. w/Deanne