

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L85427

1. Entity Name
DANIEL A. SILVERSTEIN ASSOCIATES, INC. (FLORIDA)



FILED
08 NOV -3 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**777 YAMATO ROAD 7171 AYRSHIRE LANE
100 BOCA RATON, FL 33431 BOCA RATON FL 33496**

Mailing Address
**7171 AYRSHIRE LANE
BOCA RATON, FL 33496**

2. Principal Place of Business - No P.O. Box #
7171 AYRSHIRE LANE

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



City & State
BOCA RATON FL

Zip
33496

Country
PA

4. FEI Number
22-3064752

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SILVERSTEIN, DANIEL A
7171 AYRSHIRE LANE
BOCA RATON, FL 33496**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) **10/29/08**

**FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SILVERSTEIN, DANIEL A. 7171 AYRSHIRE LANE BOCA RATON, FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SILVERSTEIN, GERALDINE 7171 AYRSHIRE LANE BOCA RATON, FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	400137567014 11/03/08--01041--016 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **10/19/08 (561) 350-7983**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #