PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAR 16 AM 7:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #N0100000 5056

REINSTATEMENT 03-04

300030576083
03/16/04--01099--002 **306.25

1. Corporation Name
Silverbluff Homeowner's Asociation
Non-profit, Inc.
2110 SW 24 terrace Miami, Fl 33145

2. Principal Office Address	**3.** Mailing Office Address
2110 SW 24 terrace	2110 SW 24 terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl	City & State: Miami Fl
Zip: 33145 Country: Dade	Zip: 33145 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida 07/05/2001

5. FEI Number n/a ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Josefina Sanchez-Pando

Street Address (P.O. Box Number is Not Acceptable): 2110 SW 24 Th Terrace

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33145.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 03/15/2004
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Josefina Sanchez Pando	2110 SW 24th terrace	Miami Fl 33145.
V	Arsenio Milliam	2650 SW 23rd ST	Miami Fl 33145
VT	Randy Simpson	4173 LeJuneRd	Miami Fl 33146.
D	Don Deness	1852 SW 24th ST	Miami Fl 33146
D	Meray Pimentel	2222 SW 18th Ave	Miami Fl 33145
D	Alberto Santamaria	2231 SW 19th Ave	Miami Fl 33145

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: _____ 03/15/04 305 668 0898.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #