FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -5 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000194164

1. Corporation Name
Silver Cloud Managment, Inc.

01-03

900025256179
12/05/03--01040--019 **908.75
05-17-01 91299 045 #550.00

2. Principal Office Address	3. Mailing Office Address
10,000 W. Colonial Dr.	10,000 W. Colonial Dr.
Suite, Apt. #, etc. # 481	Suite, Apt. #, etc. # 481
City & State Ocoee, Florida	City & State Ocoee, Florida
Zip 34761 Country Orange	Zip 34761 Country Orange

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3741478 — 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: Joseph A. Shirer JR.

REINSTATEMENT 03

Street Address (P.O. Box Number is Not Acceptable): 10,000 W. Colonial Dr.

Suite, Apt. #, Etc.: # 481

City: Ocoee | State: FL | Zip Code: 34761

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: 11-25-03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Joseph A. Shirer JR.	10,000 W. Colonial Dr. # 481	Ocoee, FL 34761

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: _____ 11-25-03 (407) 521-3558

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

p.1 4079977763 NOV 25 03 08:58a PAGE