

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL -9 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000066200

1. Corporation Name

SILVERLINE ENTERPRISES CORP.

2. Principal Office Address

9636 SW 112TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33176

Country

USA

3. Mailing Office Address

9636 SW 112TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33176

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/11/00

5. FEI Number

65-1022353

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

JACQUELINE SILVERIO

Street Address (P.O. Box Number is Not Acceptable)

9636 SW 112TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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

REGISTERED AGENT MUST SIGN

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
PD	ROGER SILVERIO	9636 SW 112TH STREET	MIAMI, FL 33176

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/3/03
5/29/03

786 293 7680

786 252 3099

7/7/0

CR2E081 (10/02)

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6967 SW 44 Avenue
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Pay To The Order Of Florida Dept of State \$ 300.00

Three hundred & 00/100 Dollars

BANKATLANTIC
A/FEDERAL SAVINGS BANK
SOUTH MIAMI - 110
6202 S. DIXIE HWY.
MIAMI, FL 33143

For 65-1022353 *Quinn*

CI: 2670837631: 005728312711 1025